THE CANADIAN NURSE

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in the various articles
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Between Ourselves

"Always some certain end must be kept in view." With that sentence as her Watchword **Helen M. Carpenter** concluded her acceptance address at the 1960 convention. We are using her remarks as our editorial this month and invite you to examine your own work, your participation in local as well as provincial and national nursing affairs in the light of our Watchword. "Some certain end" — a definite goal, a specific purpose, an end to aimless drifting — all of these are included in those three words. With as complete objectivity as possible, ponder on the implications for the future of nursing in Canada if each of us keeps "some certain end" constantly in view.

* * *

Speaking of purposes, the Executive Committee of the Canadian Nurses' Association has approved a complete revision of the objectives of *The Canadian Nurse*. This is the first time they have been reworded since their statement and endorsement by the CNA in 1934. If you have your copy of the March, 1955 issue available, our Golden Anniversary number, you will find the listing of those 1934 objectives on page 164. Here is the 1960 version:

1. To be the channel through which Canadian nurses, and others, are informed about the objectives and policies of the Canadian Nurses' Association and pertinent activities of the profession, with emphasis on national aspects.
2. To keep nurses informed on issues facing the profession and on the steps being taken to meet them.
3. To record developments in nursing service and nursing education, with descriptions of studies and research projects.
4. To provide up-to-date, scientific, accurate information relating to health and illness.
5. To provide information regarding international nursing affairs and serve as a medium for the promotion of understanding between the nurses of Canada and those of other countries.

* * *

As it was predicted in the report of the convention last month, several of the addresses presented there are reproduced in this number for your interest and information. There is historical value in the summary of the developments that led up to and supported the prime accomplishment of last biennium — the Pilot Project for the Evaluation of Schools of Nursing. **Sister Denise Lefebvre** spent hundreds of hours on this program over the years. She is all too modest respecting the role she played.

We hope that every chapter is planning to purchase a copy of **Helen Mussallem**'s comprehensive report on her two years' work as director of the Pilot Project. The glimpse of its contents afforded by her address to the convention should stimulate you to active study and discussion. Why were so many of the schools of nursing found wanting, for example?

We noted that the Protestant service for convention registrants was held in St. Paul's Church, Halifax. **Rev. H. St. C. Hilchey**, the rector, has graciously authorized us to reproduce the sermon which he preached at that service.

* * *

Twice before we have published the very complete summary of Clinical Laboratory Procedures prepared for us by **Dr. E. Watson**. Thousands of reprints of this material have been sold to graduate and student nurses. Our stock of the reprints was getting very low last spring so we wrote to Dr. Watson asking him if there were any additions or revisions he would like to make. His immediate reply revealed not only that he was delighted to go over his material and bring it right up-to-date but also that he was retiring at the end of June from his position as Professor of Pathological Chemistry and Senior Associate in Medicine at the University of Western Ontario.

The supply of reprints that is being ordered will last us for another five years, we hope. You may use the order form appearing on page 936 or send a personal letter. Be sure to specify quantity desired in either form of ordering. The prices are listed on the order blank.

* * *

After more than 55 years of being mailed in a cover of one kind or another, this month's issue has reached you with an imprinted label affixed to the front cover. The Journal Board authorized this change in the interest of economy.

We trust that the copies will reach you in first-class condition. Many publications reach us without any wrapper and show no damage. We hope your copies travel as safely!

she sleeps on the earthen floor

Nga, Vietnamese, age 4. Lives with mother, sister and brother in shed with thatched roof and beaten earth floor. Mother ill with heart disease. Cannot work. Older sister also seriously ill earns 27¢ per day. Family sold only possession . . . a bed for $2.08. Mother looks on children with despair. Help to Nga means hope, life itself to whole family. Help vital.

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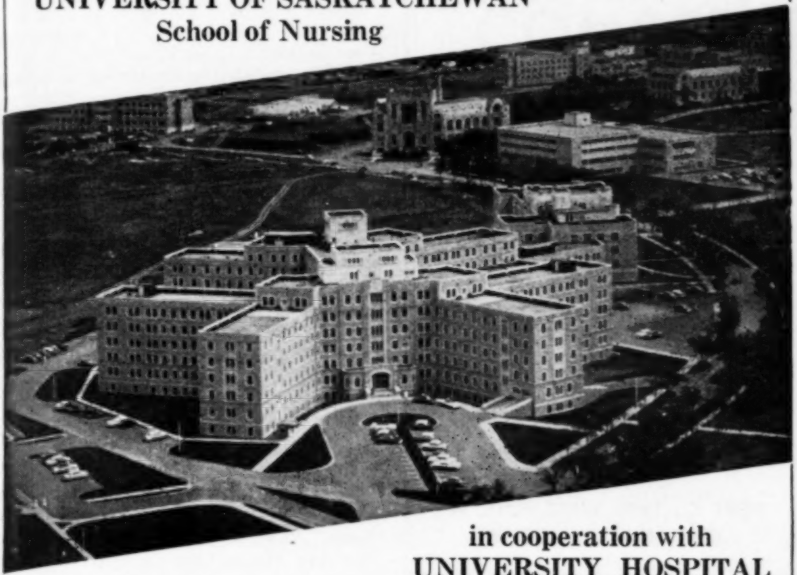

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Random Comments

Dear Editor:

While sending you my change of address may I take the opportunity of extending my gratitude for the excellent work which is being accomplished by *L'Infirmière Canadienne.*

I am always anxious to read each new issue. Congratulations and good luck.

SR. MARTHE GOYETTE, Manitoba

Dear Editor:

I have been a trained attendant since 1955. For four years I worked in a general hospital and transferred to a mental hospital eight months ago.

When I come across one of your journals I usually scan it from cover to cover, as I find it extremely helpful in the nursing care of my patients. The index of the July, 1960 issue, listing such topics as "Mental Diseases of Old Age," "Geriatric Nursing in the Home," "Life in an Old People's Home," "Nursing Home Care in Geriatrics" and "Social and Mental Health" seemed very interesting to me.

Would you be kind enough to put me on your mailing list for this valuable and interesting magazine. I am enclosing a cheque to cover the cost of a year's subscription and would appreciate receiving the July, 1960 issue as the first copy.

MARY MUTZ, Quebec

Dear Editor:

After reading Miss E. Mallory's article, "Whither We Are Tending," and attending the convention at Halifax, I have come to the conclusion that what the nursing profession needs most is a few realists. These may come to the fore if we study nursing service from the point of view of *service,* instead of education.

I would define nursing as a catalytic activity which helps to remove the *dis* from *disease.* Nursing is an *art.* It never was, and never will be a science. As with any other art the nurse must practise. Practice cannot be removed from the educational program for nurses — nor can it become the least important part of the program.

Nurse teachers need additional education as do any other teachers. Individual nurses will benefit from university experience and will graduate with a broader outlook on life, ready to give leadership. However, if we try to make the nursing course entirely a university program with practice in the summer months only, we might as well resolve to call ourselves something other than nurses and give nursing care over to the nursing assistants.

If there is something amiss with nurses today, let us look at what we have. Are we supplying the needs of our patients? If not, what is lacking, and how can it be supplied? To my mind an important criterion of successful nursing care is patient satisfaction. Is the ill person being returned to a state of health in the most efficient and comfortable way possible?

The various educational systems across Canada all have merit but it is time to take the spotlight off *education* for a little while and consider where we are now. I feel that we will realize that we have "arrived." Nursing will grow and broaden but it will always be basically the same — the art of caring for the sick and injured.

JANE C. HALIBURTON, NOVA SCOTIA

Dear Editor:

Due to a change in my address I have missed my July *Journal*. I would very much appreciate receiving it if possible.

May I take this opportunity of expressing my sincere appreciation for your most interesting and informative magazine which I always look forward to receiving. It has certainly kept pace with the times.

GERTRUDE A. HIGGINS, Ontario

Dear Editor:

I am interested in knowing if reprints are available of the four articles on geriatrics which appeared in the July, 1960 issue of *The Canadian Nurse*.

ALTHEA W. BURNS, Vermont

¶*Reprints are not available for these articles but we have a number of copies of this issue still on hand.* Ed.

Dear Editor:

The series of articles on geriatric nursing in the July issue interested me greatly.

Our church group has undertaken to build a home for our elderly citizens and the experiences of others are very helpful in reaching decisions concerning the right and wrong ways of designing such accommodation. The article by Mrs. Brodsky was especially meaningful for this reason.

Since we are to have a meeting of our board very shortly, would it be possible for me to obtain extra copies to pass on to the members for reference purposes?

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A MONTHLY JOURNAL FOR THE NURSES OF CANADA PUBLISHED
IN ENGLISH AND FRENCH BY THE CANADIAN NURSES' ASSOCIATION

VOLUME 56 NUMBER 10

MONTREAL, OCTOBER 1960

Always Some Certain End

It is with a deep sense of humility that I accept the responsibility of the office of president of the Canadian Nurses' Association during the 1960-62 biennium. In accepting this responsibility I am grateful for the experience that I have been privileged to receive as a member of the Executive Committee of our association; for the encouragement and inspiration I have received from you, Madam President, and from many of our past presidents, one of whom we have honored today, and several of whom have participated in the discussions and decisions made at this 30th Biennial Meeting.

I am sure that many have experienced the feelings I have had recently, of soul-searching doubt and wonder as one faces the reality of a new and responsible position. However, in accepting the office of president, I have the assurance that I do not stand alone. You, Madam President, will give your support as a member of the Executive Committee, as will the three vice-presidents who take office with me today. Our general secretary and the fine staff at National Office carry much of the burden. The presidents and executive secretaries of our 10 provincial associations, and the four elected members of the Nursing Sisterhoods are members of the Executive Comittee also. Their knowledge, experience and judgment are invaluable in discussion, decision-making and formation of recommendations. Much of the work of our Association between biennial meetings is carried on by committees, and we call upon members in each province to serve. We are indeed fortunate to have the interested participation and active support of so many individuals.

At the close of this biennial meeting, we are conscious of the challenge of this new decade. Some may recall the words of Daisy Bridges in her keynote address at our 50th Anniversary, two years ago:

> I have recently read — and I am happy to have the opportunity of passing it on to you — that the future of Canada defies the imagination of man. You have a land of expanding industries and of vast untouched mineral resources. The whole country is pulsating with life; but the writer I am quoting continues: "Resources in themselves are not sufficient to bring prosperity; the

> human element is still the dominating one. Confidence in the future rests on two major solid foundations. One, we have to admit, is wealth, the other is the character and quality of the people."

With the assurance of increased fees, our Association cannot boast of wealth but we will have a significantly larger budget than ever before with which to carry on our work. We have the largest membership in our history — seven times that of 30 years ago (which is within the professional life of many of our members) and nearly 50 per cent greater than that with which we started the decade just past. We have evidence of the character and quality of our members in the deliberations and decisions made this week, and in the organization and administration of the biennial meeting by our National Office staff, program committee, and last but not least, the cautious, stubborn and indomitable nurses of Nova Scotia.

There are many complexities and uncertainties on the political front, especially in international affairs, as we struggle to maintain peace and promote harmony among the nations of the world. There are complexities and uncertainties in the provision of health and welfare services. There are complexities and uncertainties within our own profession — but, as we have heard in the keynote address, the historian observes the gradual emergence of nursing as a profession with a fine tradition of service for the welfare of mankind. Sister Denise Lefebvre has also reminded us that "change in human thinking and acting takes a long time to be achieved."

It has become a tradition in our Association for the incoming president to give a watchword that will serve as an inspiration and guide in the forthcoming biennium. The seriousness of this responsibility was shared, I may tell you, by some members of our Association temporarily resident in the United States as students at Teachers College. Indeed, one was concerned to the point that she presented the president-elect with a copy of Bartlett's Familiar Quotations! There were many suggestions but the one finally chosen was found in a book on education in Great Britain. The author was discussing the qualities of the great teacher — imagination, perception, patience. The great teacher recognizes the potentialities of his students, and in his day to day work keeps before him the individual and ultimate objective he holds for each pupil. The author quoted a Latin phrase used by Matthew Arnold, an interested participant in education in Great Britain in the century just past.

Semper aliquid certi proponendum est
Always some certain end must be kept in view

I trust that as we continue the work of the Canadian Nurses' Association during this, the 1960-62 biennium, we will continue to seek inspiration in the watchword FAITH that has guided us during the past biennium and, in addition, that we will be guided by the new watchword: *Always some certain end must be kept in view.*

HELEN M. CARPENTER
President
Canadian Nurses' Association

The International Council of Nurses invites applications from nurses who have had some experience in the field of economic welfare, for a newly created full-time position at ICN Headquarters. She will undertake the promotion of an economic welfare program. Applicants must be members in good standing of their national nurses' association.

The application should be sent in duplicate to the president, Miss Agnes Ohlson, ICN Headquarters, 1 Dean Trench Street, Westminster, London, S.W.I., England. They must be received *not later than November 1st, 1960*. Please give three references. Application forms may be obtained by writing to the General Secretary at ICN Headquarters.

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The Catholic Hospital Association has published a collection of papers which were originally presented at a geriatric care institute. The publication, "The Administration of Long-Term Care Facilities" is available for $1.50, from the Publications Department, Catholic Hospital Association, 1438 South Grand Blvd., St. Louis 4, Mo.

Clinical Laboratory Procedures

E. M. Watson, M.D., F.R.C.P. (C)

This is a 1960 revision of the summary first published in 1949 then brought up-to-date in 1956.

PROBABLY EVERYONE associated with the activities of a large, modern general hospital must be impressed, if not confused, by the well-nigh innumerable tests that are performed on the patients. In this connection, the interest of the nursing staff in laboratory investigations should not be limited to mere formalities, such as the filling out of requisition forms, directing the technician to the proper patient and the collection and labelling of specimens. While these functions constitute important responsibilities of the nurse in relation to the proper conduct of laboratory tests, doubtless she will exert a more intelligent interest in her duties and have a better understanding of the patient if she possesses some knowledge of the procedures that are carried out. With a view to supplying relevant information in a condensed form, the following tables are presented.

Tests Identified by Proper Names

Frequently laboratory tests are ordered by using only a man's name, even although other terms might apply equally well. Technical and analytical procedures often are known best by the names of the men who discovered them or were associated with their development and popularization. Below are those most commonly encountered:

Addis count — a quantitative estimation of the cells and casts in urine sediment

Ascheim-Zondek — a test for pregnancy

Bence-Jones protein — a peculiar type of protein found in the urine of patients with myeloma and certain other diseases

Bodansky unit — the amount of phosphatase required to liberate 1 mg. of phosphorus

Coombs — a test used in pregnant women and newborn infants relative to Rh sensitization; also used in hemolytic anemias

Exton-Rose — a sugar tolerance test for detection of diabetes

Fantus — an estimation of chlorides in urine

Fishberg (concentration or dilution test) — Kidney function tests to evaluate the kidney's ability to concentrate or dilute urine

Frei — a skin test for a venereal disease, lymphopathia venereum

Friedman — a test for pregnancy

Hanger—cephalin-cholesterol flocculation test

Hinton — a test for syphilis

Kahn — a test for syphilis

Kepler or Kepler-Power — procedures for the diagnosis of Addison's disease

King-Armstrong unit — the amount of phosphatase required to liberate 1 mg. of phenol

Kline — a test for syphilis

Kolmer — a test for syphilis

Lange's Colloidal Gold — performed on the C.S.F. as an aid in diagnosis

Lee and White — a test of blood coagulation time, using venous blood

Maclagan — thymol turbidity and flocculation

Mosenthal — a two-hour specific gravity volume test for evaluating kidney function

Papanicolaou — a technique for the identification of cancer cells

Quick — a technique for estimating prothrombin; (refers to a man's name not speed of performance)

Paul-Bunnell — a serological test for infectious mononucleosis

Rose-Waller — a sheep cell agglutination test

Rowntree — P.S.P. test of kidney function

Rumpel-Leede — not a laboratory test but a method for determining capillary fragility by inflating a blood pressure cuff and counting the petechiae in a circumscribed area of skin.

Schilling — a special differential white cell count to determine the ratio of young to mature neutrophiles

Singer — latex fixation test used in connection with rheumatoid arthritis

Somogyi — often referred to in relation to serum amylase

Sulkowitch — a test for calcium in urine

Thorn — a test of adrenocortical function; effect of A.C.T.H. on circulating eosinophiles

Van den Bergh — a test of liver function

Wallace and Diamond — a method for estimating urobilinogen in urine

Wassermann — the original test for syphilis

Watson — urobilinogen in urine and feces

Westergren — a technique for performing the sedimentation test

Widal — a serological test for typhoid and paratyphoid fevers

Wintrobe — a special tube for determining red cell volume and sedimentation rate

Wohlgemuth — referred to in relation to serum amylase

Ziehl-Neelsen — a stain for acid-fast bacteria, usually for tubercle bacilli

GLOSSARY OF ABBREVIATIONS AND SYMBOLS

This is the era of the abbreviated form of expression. Often one is bewildered by the numerous combinations of letters referring to certain organizations or establishments. A growing list of abbreviations has entered into medical parlance. Abbreviations are frequently employed when requesting or referring to many laboratory procedures. Below are the most commonly used abbreviations and symbols with brief descriptions of their meanings.

Ac. — acid

A.C.T.H. — Adrenocorticotrophic hormone

A:G ratio — a figure obtained by dividing the value for the plasma or serum albumin by that for the globulin.

Alk. — Alkaline

A.-Z. test — Ascheim-Zondek, a test for pregnancy

A.F.B. — acid-fast bacillus; a characteristic staining quality of the tubercle bacillus.

Av. — average

B.M.R. — basal metabolic rate

B.S. — blood sugar

B.S.P. — bromsulphalein; a liver function test

B.T. — bleeding time

B.U.N. — blood urea nitrogen

C. — centigrade

Ca. — calcium

C.B.C. — complete blood count; usually implying hb., r.b.c., w.b.c., diff. and appearance of the red cells.

cc. — cubic centimeter

C.C.F. — cephalin cholesterol flocculation test

Cl. — Chlorine

CO$_2$C.P. — carbon dioxide combining power of blood plasma

Creat. — creatinine; a constituent of blood and urine

C.R.P. — C-reactive protein

C.S.F. — cerebrospinal fluid

C.V.I. — cell volume index

Diff. — differential; used with reference to a smear of blood or C.S.F. to determine the types and percentages of the white blood cells present.

ECG or EKG — electrocardiogram

EEG — electroencephalogram

Eos.—eosinophile; a variety of white blood cell

E.S.R. — erythrocyte sedimentation rate; sedimentation test

F. — Fahrenheit

F.B.S. — fasting blood sugar

F.S.H. — follicle stimulating hormone

g. or gm. — gram

G.A. — gastric analysis

G.C. — gonococcus; the causative organism of gonorrhea

g.i. — gastrointestinal

Hb. or Hgb. — hemoglobin

H. & E. — hematoxylin and eosin stain; used in the preparation of pathological material for examination.

Ht. — hematocrit

I.I. — icteric index; a chemical test on serum to reveal the degree of jaundice.

I.M. — intramuscular

I.V. — intravenous

K. — potassium

17-KS.—17-ketosteroids; a hormone assay on urine to study adrenal or other glandular disorders.

L. or l. — liter

L.E. — lupus erythematosus

Lymph. — lymphocyte; a variety of white blood cell

ml. — milliliter; 1/1000 part of a liter; approximately the same as cc. but a more exact expression of measurement.

M.C.H. — mean corpuscular hemoglobin

M.C.H.C. — mean corpuscular hemoglobin concentration

M.C.V. — mean corpuscular volume

mEq — milliequivalent

mEq./1 — milliequivalents per liter

Mg. or mgm. — milligram

Myelo. — myelocyte; the forerunner of the granular leukocytes

N. — nitrogen

Na. — Sodium

Neut. — neutrophiles; a variety of white blood cell

N.P.N. — non-protein nitrogen

O.T.—old tuberculin; a skin test for tuberculosis

p.a. — pernicious anemia

Pap. Stain—Papanicolaou stain for cancer cells

P.B.I. — protein-bound iodine; an estimation used in connection with thyroid function

pH. — a symbol used to express acidity and alkalinity

Pl. Ct. — blood platelet count

P.S.P. — phenolsulphonphathalein test; a method for assessing kidney function

R.A. — rheumatoid arthritis

r.b.c. — red blood cell count

Rh — Rhesus; the Rh factor

Retic. — reticulocyte

S.G.O.T. — Serum glutamic-oxalacetic transaminase

S.G.P.T. — serum glutamic-pyruvate transaminase

S.I. — saturation index; a test used in hematology

Sp. Gr. — specific gravity

T.P.I. — Treponema pallidum immobilization; a specific test of serum for syphilis

U.A. — urine analysis

Ur. Ac. — uric acid

w.b.c. — white blood cell count

W.R. — Wassermann reaction

HEMATOLOGICAL VALUES

Determination	*Normal Values*	*Clinical Significance*
emoglobin	Adult males — 90 to 115% (av. 100) 14 to 18 gm. (av. 16) Adult females — 80 to 100% (av. 90) 12 to 16 gm. (av. 14) Infants — (1 day to 2 wk.) 100 to 160% (av. 120) 15 to 25 gm. (av. 20) Children — (6 mo. to 2 yr.) 65 to 100% (av. 80) 9 to 15 gm. (av. 12)	Decreased in the anemias. Increased in polycythemia and hemoconcentration (shock, burns, heart failure) Decreased in hemolytic disease of the newborn (erythroblastosis)
ed blood cells (erythrocytes)	Adult males — 5 to 6 millions per cu. mm. Adult females — 4.5 to 5.5 millions per cu. mm. Infants — about 7 millions per cu. mm. at birth; gradual drop to adult figure at 15th year.	Decreased in the anemias. Increased in polycythemia and hemoconcentration (shock, burns, heart failure)
olor index	0.85 to 1.0	Low in iron-deficiency and hemorrhagic anemias; high in pernicious anemia
ed cell volume (hematocrit — volume of packed red cells)	Males 42-50% Females 40-48%	Reduced in the anemias Increased in polycythemia
ell volume index	0.85 to 1.15	Decreased in iron-deficiency anemia Increased in pernicious anemia
hite blood cells (leukocytes)	5,000 to 10,000 per cu. mm.	Increased in many infectious and inflammatory conditions and in the leukemias Decreased in agranulocytosis, aplastic anemia and aleukemic leukemia
ifferential white cell count	Neutrophiles 55-70% Mature forms 52-65% Young forms 3-5% Lymphocytes 20-30% (up to 50% in children) Monocytes 3-10% Eosinophiles 2-4% Basophiles 0.5-1% Myelocytes 0 Myeloblasts 0	Increased in many infections. Decreased in agranulocytosis Increased in lymphatic leukemia, infectious mononucleosis and whooping cough Increased in many allergic conditions Present in myelogenous leukemia
osinophiles (total)	100-400 per cu. mm.	Often high in allergies and Hodgkin's disease; diminished after ACTH with normally functioning adrenals
ibrinogen	200-400 mg.% Fibrindex 10-60 seconds	Decreased or prolonged in severe liver disease and in a complication of pregnancy
ean corpuscular hemoglobin	27-32 micromicrograms	Increased in macrocytic anemias (e.g. pernicious anemia); low in hypochromic anemias
ean corpuscular volume	80-94 cu. microns	Same as above

Determination	*Normal Values*	*Clinical Significance*
Mean corpuscular hemoglobin concentration	33-38%	Increased in macrocytic anemias (e.g. pernicious anemia); low in hypochromic anemia
Peroxidase reaction	Lymphocytes have no granules; monocytes have a few and cells originating in the bone marrow (e.g. neutrophiles and myelocytes) have many	Useful in distinguishing acute lymphatic leukemia from acute myelogenous leukemia
Reticulocytes	0.5 to 1.5% of all red blood cells	Increased in p.a. following liver therapy (temporary) and in hemolytic anemia (persistent)
Red cell fragility (blood fragility test)	Hemolysis begins at 0.44 to 0.42% NaCl Hemolysis complete at 0.34 to 0.30% NaCl	Fragility increased in hemolytic jaundice; decreased in obstructive jaundice
Saturation index	0.9 to 1.1	Increased in macrocytic anemias (e.g. p.a.); low in hypochromic anemias
Sedimentation rate (Westergren method)	Men — 1 to 10 mm. in 1 hour Women — 1 to 15 mm. in 1 hour	Increased in infections and inflammatory conditions and in many organic diseases
Blood platelets (Thrombocytes)	200,000 to 400,000 per cu. mm.	Low in thrombocytopenic purpura and acute leukemia
Bleeding time	1 to 3 minutes	Prolonged when platelets reduced (as in thrombocytopenic purpura)
Coagulation (clotting) time	5 to 10 minutes (test tube method), 1 to 5 minutes (capillary tube method)	Prolonged in hemophilia; also after heparin administration
Clot retraction test	Complete and perfect in 24 hours	Delayed and imperfect in thrombocytopenic purpura (deficient platelets)
Prothrombin time	Prothrombin clotting time 14 to 17 seconds Prothrombin — 85 to 100%	Prothrombin clotting time increased and percentage decreased after dicumarol administration and in obstructive jaundice
Blood group (types)	O 45% of individuals A 40% of individuals B 10% of individuals AB 5% of individuals Rh positive 85% of individuals Rh negative 15% of individuals	Essential to determine before transfusions Important in pregnancy and certain conditions involving the newborn; also in persons receiving repeated transfusions

BLOOD, PLASMA OR SERUM CHEMISTRY VALUES

Determination	*Normal Values*	*Blood Specimen Required*	*Minimal quantity of blood required (cc. or ml.)*	*Note*	*Clinical Significance*
Amino Acid N	5-8mg.%	Oxalated	10		Increased in liver disease and eclampsia

Determination	*Normal Values*	*Blood Specimen Required*	*Minimal quantity of blood required (cc. or ml.)*	*Note*	*Clinical Significance*
Ammonia	10-20 μg. N.%	Oxalated	10	Test must be done immediately	Increased in severe liver disease and bleeding into g.i. tract, especially from esophageal varices
Amylase	12-17 Wohlgemuth units; 80-150 Somogyi units.	Clotted	10	Do not draw during or just following intravenous glucose or after administration of morphine	Increased in acute pancreatitis
Ascorbic Acid (vitamin C)	0.6-1.2 mg.%	Oxalated	5	Blood must be placed in a tube surrounded by ice and sent immediately to the laboratory	Low in scurvy
Bicarbonate	26-30 mEq./1	Heparinized or oxalated	5	Draw in special syringe without stasis from tourniquet	Reduced in acidosis Increased in alkalosis
Bilirubin (van den Bergh test)	0.1-0.5 mg.%	Clotted	10		Increased in jaundice; latent jaundice 0.5 to 2.0; clinical jaundice above 2.0
Bromide	0-1.5 mg.%	Clotted or oxalated	10		Important in the diagnosis of bromide poisoning
Calcium	9-11 mg.% 4.5 - 5.7 mEq./1	Clotted	10	Syringe and tube must be specially prepared to avoid error from calcium in tap water	Low in hypoparathyroidism and sprue (tetany); increased in hyperparathyroidism and some bone conditions
CO_2 Combining power	55 - 75 vol.%	Heparinized or oxalated	5		See bicarbonate above
Chlorides	96-105 mEq./1.	Clotted	5		Reduced by vomiting, starvation and after gastrointestinal surgery
Cholesterol Total Esters Free	140-250 mg.% 80-200 mg.% 50-60 mg.%	Clotted or oxalated	10	Total cholesterol and cholesterol esters done on same sample	Increased in hypothyroidism, diabetes and nephrosis
Copper	68-143 μg.%	Clotted	10		Decreased in hepatolenticular degeneration (Wilson's disease)
Creatinine	1-2 mg.%	Oxalated	5		Increased in severe nephritis

Determination	*Normal Values*	*Blood Specimen Required*	*Minimal quantity of blood required (cc. or ml.)*	*Note*	*Clinical Significance*
Glucose (fasting)	60-100 mg.% (true glucose) 80-120 mg.% (total reducing substances)	Oxalated	5	Up to 140 or 160 after meals.	Increased in diabetes mellitus; decreased in hyperinsulinism
Icteric index	4-6 units	Clotted	5		Increased in jaundice
Iodine (protein-bound)	5-10 micrograms %	Clotted	12	Strictly avoid any contact with iodine	Increased in hyperthyroidism
Lipids (total)	385 - 675 mg.%	Oxalated	10		Altered in various diseases
Lipase	0-2 units	Clotted	10		Increased in acute pancreatitis
Magnesium	1.8 - 3.6 mg.%	Clotted	10		Changed in various unrelated diseases
Non-protein Nitrogen	25-35 mg.%	Oxalated	5		Increased in nephritis, urinary and intestinal obstruction; decreased in pregnancy
pH (reaction)	7.35-7.45	Heparinized	5	Drawn in a special syringe without stasis.	Diminished in uncompensated acidosis; raised in uncompensated alkalosis
Phosphatase acid	1.5 Bodansky units 3.0 King-Armstrong units	Clotted	5		Increased in cancer of the prostate with metastases to bone
Phosphatase alkaline	Bodansky units Adults — 1.5-4. Children — 5-12. King-Armstrong units Adults 5-15 Children 10-20	Clotted	5		Increased in certain disorders of bone and in biliary obstruction
Phosphorus (inorganic)	Adults — 2-4 mg.% Children 4-6 mg.%	Clotted	5		Increased in severe nephritis and sometimes in rickets; decreased in conditions in which serum calcium is elevated.

Determination	*Normal Values*	*Blood Specimen Required*	*Minimal quantity of blood required (cc. or ml.)*	*Note*	*Clinical Significance*
Phospholipids	110-250 mg.%	Oxalated	5		Important in relation to disorders involving fat metabolism
Potassium	3.5 - 5.0 mEq./1	Clotted	10	Serum must be separated from the cells within 1 hour.	Increased in renal failure and severe Addison's disease; decreased in diabetic coma
Protein Total	6.0-8.0 g. per 100 cc.	Oxalated or clotted	10		Decreased as a result of marked and prolonged albuminuria (nephrosis), liver disease and starvation, causing edema; increased in certain conditions associated with hyperproteinemia.
Albumin	4.5-5.0 g. per 100 cc.				
Globulin	1.5-3.0 g. per 100 cc.				
A:G ratio	1.5 to 2.5:1				
Sodium	136 - 145 mEq./1.	Clotted	5		Diminished by vomiting, gastrointestinal disorders, tube drainage (postoperative), diabetic coma, Addison's disease; increased after injudicious use of NaCl solutions in patients with impaired kidney function.
Sugar (glucose)	80-120 mg.%	Oxalated	5	See glucose above.	
Transaminase S.G.O.T.	10-40 units/ml.	Clotted	8		Increased in myocardial infarction (coronary) and infective hepatitis
S.G.P.T.	10-30 units/ml.	Clotted	8		Increased in acute hepatitis and relapsing cirrhosis of the liver
Urea	25-40 mg.%	Oxalated	8		Increased in nephritis; decreased in pregnancy
Urea Nitrogen	10-15 mg.%	Oxalated	8		Same as urea
Uric acid	3-5.5 mg.%	Clotted	10		Increased in acute gout, in nephritis and leukemia
Vitamin A	18-60 μg.	Clotted or oxalated	10		Subnormal due to deficient diet

KIDNEY FUNCTION TESTS

Tests	*Principles*	*Normal Values*
Concentration test (Fishberg)	Based upon the specific gravity of 3 specimens of urine voided at hourly intervals in the a.m. after fluid restriction	Specific gravity of at least one specimen should be at 1.025 or higher

Tests	*Principles*	*Normal Values*
Dilution test (Fishberg)	Primarily a measure of the blood supply of the kidneys	First hour specimen about 400 cc. with specific gravity 1.001 to 1.003. Thereafter, less volume and higher sp. gr. with about 100 cc. at 1.012 to 1.016 at the 4th hour
Inulin clearance	Intravenously injected inulin is excreted; by glomerular filtration; there is no tubular reabsorption	The amount of inulin contained in 100 to 150 ml. of plasma excreted per minute
Mosenthal (2-hour specific gravity-volume test)	Based chiefly upon variations in specific gravity of 2-hour specimens during the day, and volume and sp. gr. of night urine	The difference between the highest and lowest sp. gr. not less than 9 points. The highest sp. gr. for the 2-hr. day specimens will be 1.018 or more. The night urine is 250 to 400 cc. with a sp. gr. of 1.018 or above
Phenolsulphonphthalein test	The dye is eliminated by glomerular filtration and tubular excretion	Both kidneys: 40 to 60% in 1st hour; 20 to 25% in 2nd hour (total 60 to 85%). Fractional method — 25% or more in 1st 15 minutes. Kidneys separately: first appears in 3 to 5 minutes after intravenous injection
Urea clearance	The excretory function of the kidney with special reference to urea is measured by a comparison of the concentration of this substance in the blood with that in the urine.	The average normal adult excretes the amount of urea contained in 60 to 95 cc. of blood per minute (average 75 cc.)

Urine Values

Determination	*Normal Values*	*Specimen Required*	*Note*	*Clinical Significance*
Amino acid Nitrogen	100-300 mg.	24 hr.		Increased in some liver and metabolic diseases
Calcium	Under 150 mg.	24 hr.	Patient must be on special diet	Increased in hyperparathyroidism
Chlorides	5 g. per liter	Random		Important in controlling saline administration
Creatine	Under 100 mg.	24 hr.	Preserve with toluol	Used in the study of muscle diseases
Creatinine	Males, 1.5 - 2 g. Females, 0.8 - 1.5 g.	24 hr.	Preserve with toluol	Normally excretion constant; altered in certain metabolic disorders
Diastase	16 - 30 units	Random	Urine must be fresh	Greatly increased in acute pancreatitis
Follicle - stimulating hormone (F.S.H.)	Before puberty, less than 6.5 mouse units per 24 hr.; after puberty, 6.5 - 52 mouse units per 24 hr.; after menopause, 96 - 600 mouse units per 24 hr.	24 hr.		Important in the investigation of endocrine disturbances

Determination	*Normal Values*	*Specimen Required*	*Note*	*Clinical Significance*
17-hydroxycorticoids	1-10 mg.	24 hr.	Keep urine cool	Important in the investigation of endocrine disturbances
5-hydroxyindolacetic acid (serotonin)	60-160 μg.	24 hr.	Patient must avoid eating bananas during the collection	Increased by carcinoid tumors
17-Ketosteroids	Under 8 years 0.2 mg. Adolescents 2-20 mg. Males 8-20 mg. Females 5-14 mg.	24 hr.		Important in the investigation of endocrine disturbances
11-oxy-ketosteroids	0.06-0.2 mg. per 24 hr., per sq.m. of body surface; adults, 0.1-0.4 mg. per 24 hr.	24 hr.		Important in the investigation of endocrine disturbances
Potassium	1.4-3.5 g.	24 hr.	Varies with the dietary intake	Useful in the study of renal and adrenal disorders and water and acid-base balances
Sodium	8-15 g. (as NaCl)	24 hr.	Varies with the salt intake	(The same as Potassium above)
Urobilinogen	Up to 1:20 dilution	Random or 24 hour	Preserve with sod. carb. under petroleum ether	Increased in liver disease and hemolytic jaundice

LIVER FUNCTION TESTS

Tests	*Principles*	*Normal Values*	*Note*
Bromsulphalein	Bromsulphalein after intravenous injection is excreted almost entirely by the liver	¾ hr. after the intravenous injection of 5 mg. per kg. not more than 5% of the dye remains in the plasma	Used in patients without jaundice
Cephalin-cholesterol flocculation test	This test depends upon the capacity of the blood serum in cases of parenchymal liver disease to flocculate a suspension of cephalin-cholesterol emulsion	0 to + + in 48 hours	Can be used in patients with jaundice
Galactose Tolerance	The liver is the only organ which can convert galactose to glycogen and store it	Normally not more than 3 gm. of galactose are excreted in the urine during a 5-hr. period following the ingestion of 40 gm. of galactose	Same as above
Thymol flocculation	The alteration in the plasma proteins in parenchymal liver disease causes precipitation of a solution of thymol	0 to + in 24 hours	Can be used in patients with jaundice

Tests	*Principles*	*Normal Values*	*Note*
Thymol turbidity	Same as above	0 to 4 units	More valuable in the diagnosis of acute than of chronic liver disease
Hippuric Acid synthesis	Based upon the capacity of the liver to conjugate glycine and benzoic acid into hippuric acid with elimination of this substance in the urine.	In the oral test the excretion of 3.0 to 3.5 gm. in the 4-hr. urine. In the intravenous test the excretion of 0.7 gm. in the 1-hr. urine	
Urobilinogen	Normally the liver re-excretes the urobilinogen absorbed from the bowel.	1:20 dilution of the urine	

INVESTIGATIONS OF CARBOHYDRATE METABOLISM

Tests	*Principles*	*Normal Values*
Standard 1-dose 2-hour Sugar Tolerance Test	A test of the ability of the body to store and utilize ingested dextrose	The fasting blood sugar is normal. After the ingestion of a specified amount of dextrose the blood sugar returns to normal within 2 hours. The maximum blood sugar should not exceed 180. No glycosuria
Two-dose 1 - hour (Exton-Rose tolerance test)	Based on the principle that the more sugar that is given to a normal person, the more is utilized	Blood sugar level of the 60 min. sample is less than, equal to, or does not exceed the 30 min. sample by more than 10 mg.%. No glycosuria
Intravenous Sugar Tolerance Test	Obviates the possibility of impaired absorption from the intestine	Blood sugar reaches the normal fasting level within 1 to 1½ hr.
Insulin Sensitivity Test	A test of the activity of insulin to promote the withdrawal of glucose from the bloodstream following ¼ unit of regular insulin per kilo. body weight	Blood sugar falls about 45 mg.% lower 1 hr. after ingestion of dextrose with insulin than with dextrose alone

TESTS OF THE CEREBROSPINAL FLUID

Tests	*Normal Values*	*Clinical Significance*
Color and Appearance	Clear and colorless (like water) May be slightly blood tinged from needle trauma No clot	Cloudy, turbid or grossly purulent in meningitis. Bloody or yellow when hemorrhage involves central nervous system
Pressure	Adult-100 to 200 mm. water (patient lying down) 200 to 300 mm. water (patient sitting) Child-50 to 100 mm. water ((patient lying down)	Increased in meningitis, edema of the brain, hemorrhage, neurosyphilis Decreased in shock, dehydration and spinal canal block
Cell Count	1 to 5 per cu. mm. (lymphocytes)	Increased in the various types of meningitis, poliomyelitis, neurosyphilis and encephalitis Pus cells predominate in the acute bacterial processes Lymphocytes are found in tuberculous meningitis, poliomyelitis, and neurosyphilis

Tests	*Normal Values*	*Clinical Significance*
Colloidal Gold Test	0000000000	5554321000 Paretic type curve 0244310000 Luetic or tabetic type curve 0000245520 Meningitis type curve
Protein	15 to 45 mg. per 100 cc.	Increased in those conditions with an increased cell count (see above) Increased also in spinal cord tumor, caries of the spine and in infectious polyneuritis
Sugar	45 to 70 mg. per 100 cc.	Increased in diabetes, epidemic encephalitis, uremia and sometimes in brain tumor Decreased in acute meningitis, tuberculous meningitis and insulin shock Normal values generally found in neurosyphilis
Chlorides	Adult-720 to 750 mg. per 100 cc. Child-625 to 760 mg. per 100 cc.	Definitely low in tuberculous meningitis; high values may be found in uremia

Some Miscellaneous Procedures

Tests	*Normal Values*	*Clinical Significance*
Ascheim-Zondek and Friedman Tests	These tests are useful in differentiating cessation of menses due to disease condition and pregnancy; also in differentiating an enlargement of the uterus (fibroid) and pregnancy. Hydatiform mole and chorion-epithelioma give positive results. As a test for pregnancy it is about 98% accurate.	
Basal Metabolic Rate (B.M.R.)	15 to minus 10%	High in hyperthyroidism (toxic goitre, thyrotoxicosis) and leukemia Low in hypothyroidism (myxedema, cretinism)
Congo Red Test	Less than 40% of the congo red disappears 1 hr. after its intravenous injection	This is a test for amyloidosis and when this is present more than the normal amount of the dye disappears from the blood
C-reactive protein	Absent	Present in serum when there is acute inflammation or tissue necrosis, e.g. coronary thrombosis
Fecal fat	90-95% of the fat in the diet is absorbed, averaged over 3 consecutive 24-hour periods	Increased in steatorrhoea from any cause (malabsorption syndrome)
Gastric analysis Free HCl	Fasting — 5 to 20 degrees After test meal (without histamine) — 25 to 50 degrees	High when gastric or duodenal ulcer present. Low or absent with gastric carcinoma. Always absent in pernicious anemia after histamine
Total Acidity	Fasting — 15 to 45 degrees After test meal (without histamine) — 40 to 65 degrees	
Latex fixation (the R.A. test)	Negative	A positive result is obtained in about 85% of patients with rheumatoid arthritis. Some other disorders (e.g. the collagen diseases) may give false positive reactions
Para-toluene sulphonic acid test (the L.E. test)	Negative	Significantly positive results (2+, 3+ and 4+) are produced by lupus erythematosus, liver disease, myelomatosis and occasionally by rheumatoid arthritis

Tests	*Normal Values*	*Clinical Significance*
Paul-Bunnell Test	Agglutination of sheep corpuscles in dilutions of serum up to 1:16	This is a test for infectious mononucleosis in which agglutination occurs in high dilutions.
Radio-active Iodine (I^{131}) uptake	20 to 50% of administered dose is taken up by the thyroid gland in 24 hours	Increased uptake (more than 55%) in hyperthyroidism Decreased uptake (10 to 20%) in hypothyroidism
Sweat test	Sodium 10-80 mEq./L Chloride 4-60 mEq./L	Increased sodium and chloride in the sweat in fibrocystic disease of the pancreas (mucoviscidosis)
Urobilinogen in feces	Normally present	Increased in hemolytic jaundice Decreased or absent in obstructive jaundice
Xylose tolerance test	After ingestion of 25 g. of xylose, the blood level is 20-60 mg.% in 1 hr. and 15-76 mg.% in 2 hours. The urinary excretion is 4-8 g. in 5 hours	Xylose is absorbed from the intestine but not metabolized. Therefore, the test is useful in detecting malabsorption

Dr. Watson, until recently, was Professor of Pathological Chemistry, Senior Associate in Medicine, Faculty of Medicine, University of Western Ontario and Clinical Pathologist at the Victoria Hospital, London, Ontario.

A New Nursing Course at the University of Edinburgh, Scotland

The General Nursing Council for Scotland has approved an experimental scheme of nurse training proposed by the Nursing Studies Unit of the University of Edinburgh. The course, which begins this month, is planned to integrate the preparation for an Arts or Science degree, with that of the professional nurse. The M.A. or B.Sc. degree examinations will be completed at the end of three years, and the nursing course during the subsequent two years.

Final acceptance of the student will follow a four week period of planned observation and preliminary experience in a selected hospital, before the beginning of the course. Exemption from this condition may be granted if the candidate has previous experience of hospital work.

Students will be registered for an Arts or Science degree in the normal manner, the nature of the course having been decided by the Director of Nursing Studies, in conjunction with the Directors of Studies in the Faculties of Arts and Science.

During the first three years, both the theory and practice of nursing will be introduced, completion of the professional training occurring in the two years after graduation. A wide range of practical experience will be provided in the fields of general medicine and surgery, together with specialties, including psychiatric nursing, pediatrics, obstetrics and public health.

While students will be expected to become an integral part of the normal hospital student body, under the tuition of the established training school, additional supervision and assistance will be provided by the lecturing staff of the Nursing Studies Unit.

Conditions of entry will be the same as those for any prospective university student, demanding an attestation of fitness certificate. There will also be a preliminary interview.

Happiness depends upon how well you have made up your mind to be that way.

Behind the Scenes on Accreditation

SISTER DENISE LEFEBVRE, s.g.m., PH.D.

This was a report of the Special Committee on the Pilot Project of Evaluation of Schools of Nursing in Canada, presented at the 30th Biennial Meeting of the Canadian Nurses' Association.

Introduction

NUMEROUS SOCIAL changes have emphasized the necessity of a review of educational objectives and programs. Our time is one of extraordinary scientific and technical revolution. Nursing follows in this march toward progress and is influenced most specifically by the new discoveries in medicine, psychology and sociology. Obviously, the field of nursing and the roles and functions of nurses have broadened. It follows that the institutions that undertake to prepare candidates for the nursing profession have a wider social responsibility. They must, consequently, make sure that their methods are adapted to the technical, scientific and social advances and the needs of our modern world.

The organized nursing profession has become, in the last few years, increasingly conscious of its responsibility in this field. Various studies and experiments, sponsored by the provincial or national nursing associations, have been carried out. The results of a two-year project representing a serious inquiry into Canadian nursing education will be presented in another article. That report is based on a survey which was made possible through the kind cooperation of schools of nursing. It is designed as a spotlight on our educational programs, but it also indicates the necessity and urgency for purposeful action toward the improvement of nursing education, in order to provide better nursing service to the people of Canada.

This report was prepared for the specific purpose of providing a summary of the activities of the Special Committee on the Pilot Project. This committee was formed in 1955 with one aim in view — to study ways and means of implementing a program of evaluation and accreditation for schools of nursing in Canada. According to its terms of reference, it acted in an advisory capacity only and at the request of the director of the Pilot Project.

The Background of the Special Committee

It was in 1956, at the biennial meeting in Winnipeg, that the Canadian Nurses' Association membership decided to undertake a research study on accreditation by approving the pilot project of evaluation of schools of nursing in Canada. This decision was based mainly on two facts:

> 1. A conviction that a program of accreditation would benefit the health and welfare of the people of Canada by providing more effective nursing service through improved preparation for that service;
> 2. an acceptance, by the profession, of the responsibility of evaluating the programs of education designed to prepare its members for the practice of nursing.

This was four years ago, but considerable preparation had preceded such action. Any change in the human

SISTER DENISE LEFEBVRE

Sister Lefebvre, who is the director of nursing at Marguerite d'Youville Institute, Montreal, was the chairman of the Special Committee whose work is described here.

way of thinking or acting requires time for achievement. In fact, the CNA general assembly had pronounced itself in favor of a program of accreditation 12 years before. In the intervening years, much thought, which was to bear fruit later, was given to the plan by the nursing education sections. The Canadian Nurses' Association appointed a provisional committee for the purpose of considering an accreditation program. The chairman presented a very convincing report after her visit to the National League for Nursing where she had studied their plan of accreditation and attended a workshop on this subject.

Various other attempts were made that served as motivation. Between 1946 and 1948, for example, the Canadian Conference of Catholic Schools of Nursing made an intensive study of evaluation methods. It carried out a field evaluation survey in 24 schools of nursing in eight provinces and the general results were published in *The Canadian Nurse,* April, 1950, p. 278. Such an undertaking certainly stimulated thinking as to the feasibility of establishing a national program of evaluation of schools. In an endeavor to keep the membership informed, a work conference on accreditation was presented in 1950, at the biennial convention in Vancouver. As a follow-up, a series of articles was published in *The Canadian Nurse.*

In the meantime, on numerous occasions, critical comments were heard, mostly from the public on the system of nursing education and especially on the product of our schools of nursing. A few nursing leaders presented their views on possible and necessary reforms. Experimental programs were launched. In the United States, an interim classification of schools and a program of improvement and of accreditation was carried on.

These developments, it is true, did not and could not appreciably change the basic organization of our programs. They did, nevertheless, disturb some of the long-accepted ideas and opinions on the methods used and the results obtained in nursing education. Questions had been raised in the minds of a number of Canadian nurses. This provided the incentive to search for improvement.

The Basic Work

In 1955, a working group was appointed. It was given the name of the "Task committee to study ways and means of implementing a program of evaluation and accreditation." Its first concern was to agree on fundamental principles and to present them for approval to the Committee on Nursing Education to whom it was responsible for the first two years, and later to the Executive Committee of the Canadian Nurses' Association.

Accreditation was defined as the official and public recognition of an institution after a careful analysis and evaluation of its program. It was agreed that accreditation should aim toward maintaining a high degree of professional education; that it should ascertain that the programs to achieve this were based on adequate norms; that it should be national in scope and voluntary in nature. It would thus be a means of stimulating schools toward constant improvement of promoting the cause of nursing education so that the nurse would be prepared in such a way that she would be capable of rendering the kind of professional service required by society.

In an accrediting program, it was felt that the main basis of judgment should be the school's objectives. It was recognized that these would vary in different institutions. If they were sound and the school was making an earnest, effective attempt to meet them, it seemed probable that accreditation would be granted. The committee felt strongly, along with other professional groups, that the philosophy of administration and of education should be reflected in the educational program of the school. Therefore, criteria for accreditation would have to be sufficiently flexible that the individuality of the school would be preserved. In order to maintain this individuality, the criteria or bases of judgment would have to be developed in cooperation with the schools of nursing themselves and should be under constant review.

With the above principles in mind and in order to obtain factual data on how these would be implemented in evaluating a school, professional associations already using various systems of accreditation were visited. A comprehensive report was prepared from

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the information obtained on objectives, methods, procedures and values.

Using this background material, the Committee recommended a plan of action and definite steps that might be taken. The plan of action suggested, as a first step, the initiation of a pilot project of evaluation of schools of nursing in Canada. About 20 to 25 volunteer hospital schools were to be chosen for a visit and complete evaluation of their program, according to definite criteria. On the basis of such a survey it was hoped to reach the following objectives:

1. To determine whether Canadian schools of nursing were ready for a program of accreditation;
2. To study the basis on which schools of nursing in Canada could be accredited;
3. To explore procedures;
4. To decide on the personnel and other means, including financial resources, needed to carry out a national program of accreditation.

It was suggested that, because of its many years of experience in accreditation, the assistance of the National League for Nursing should be sought.

A director was to be appointed who would be responsible for the entire survey. During her visits to schools, she would be accompanied by another member of the profession who would act as second visitor. In the French language schools, a senior bilingual visitor would be added to the survey team.

Further Preparation

The plan was accepted by the Canadian Nurses' Association. In immediate preparation for the project, all Canadian schools of nursing were notified about it by their provincial nurses' associations. It was most gratifying to find that 96 out of the 174 schools were willing to participate in the study. It was a responsibility of the Committee to select the 25 schools. This was done on the basis of size, form of control, classification of hospital, geographical location, language, so that the sampling would represent a cross section of diploma programs in nursing education in Canada. The actual choice was made in such a way that the distribution would balance fairly well regionally. There was at least one in each province. Out of the 25, there were 7 large schools (200 or more students), 11 medium (100-199 students), and 7 small (100 students or less). The institutions were not identified. No publicity was given in this regard by the CNA and coding was used in referring to the schools.

As the general information schedule used by the National League for Nursing was to be employed to gather school data before the visits, the Committee undertook to review the questionnaire and to make the necessary revisions so that it could be properly interpreted when used by Canadian schools.

While this process of selecting schools and reviewing the schedules was taking place, applications were received for a director for the Pilot Project. The Committee had the pleasure of greeting and welcoming Miss Helen K. Mussallem on her first visit to Montreal before she proceeded on to an orientation program offered to her by the National League for Nursing. The names of suitably qualified nurse educators to act as regional visitors and to assist the director, were submitted by provincial nurses' associations. This list and the supporting biographical data were studied by the Committee. The selection of 11 visitors was made on the basis of the candidate's experience in nursing education and nursing service.

The program called for a careful study of each school report by a Board of Review. Our Committee had the duty of suggesting names of members for this board. It was to be representative of various regions, and to include nurses who were actively engaged in nursing education, public health, nursing service and provincial nursing school visiting.

Collaboration with the Director

The framework seemed to be complete at this stage. The work of the Committee had consisted mainly, so far, in naming other people to accomplish the work of the project. After the appointment of the director, we were entrusted with the very agreeable duty of observing the progress of the study. The director periodically reported to the Committee on the survey visits; her activities in the interpreta-

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tion of the project to various groups; the work of the regional visitors, of the liaison committee and of the Board of Review. She submitted an outline of her final report of the project and, finally, the completed draft with her recommendations. The latter were endorsed by the Committee.

At every step forward the members of our Committee expressed their satisfaction. Now, we rejoice at the successful completion of a challenging and exacting piece of work. The results were made possible through the competence, devotion and courage of the director. She was helped in part of her work by the efforts of an admirable team of regional visitors and by the cooperation of our National Office staff.

The Special Committee on the Pilot Project was dissolved recently. Its functions had been fulfilled; its report had been submitted to the Executive Committee of the Canadian Nurses' Association; its services were no longer required. I am sure that I express the views of its members when I say, that as individual nurses, we could not, after this experience, remain indifferent to the impact of the Pilot Project report on the nursing profession and to the answer that nurses will give to its thought-provoking questions.

Conclusion

In concluding this report, I take great pleasure in expressing my sincere gratitude to the members of the Special Committee, to Miss Mussallem and to all those who, directly or indirectly, have contributed.

Our president, Miss Alice Girard, in the foreword to Miss Mussallem's report, expresses her views in the following terms:

> A profession which seeks by its service to earn the confidence and approval of the society it serves, assumes also the responsibility of maintaining that service at the highest possible levels of competence and effectiveness. Such standards are difficult to achieve and maintain, and they require from the profession the humility and integrity that permit and demand constant self-evaluation.

We should go back from this convention with a desire to change our methods if necessary, and a conviction that we have, each one of us, a personal responsibility to help establish or to maintain a sound system of nursing education. We do not like dictatorship, but we sometimes invite it by our attitude. How often do we wait until we are *told* what to do before we go ahead in our educational programs? This is our opportunity! If we would strive toward high ideals, let us not be too easily satisfied with our achievements, but rather let us be eager to work at the betterment of the profession.

In the Good Old Days

(The Canadian Nurse — October, 1920*)*

A number of women justices of the peace have recently been appointed in England, and now they have been put on juries. One woman thought it was a good thing that women were at last permitted to serve on juries, as they understood better than men the ways of their sex.

* * *

McGill University School for Graduate Nurses announced the start of its program with the opening of a one-year course for graduate nurses.

* * *

Tuberculosis figures for Canada indicated that there were over 10,000 deaths annually from this disease. It was estimated that there were at least 100,000 cases throughout the country as a whole.

* * *

Dalhousie University recorded the graduation of its first class in public health nursing.

* * *

Survey for a transcontinental air line was completed with Camp Borden as the chief air station for Canada. This marked the beginning of TCA.

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— *Guy's Hospital Gazette,* April, 1960

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Spotlight on Nursing Education

Helen K. Mussallem, M.A.

The Pilot Project for Evaluation of Schools of Nursing has been completed. The recommendations arising out of it have far-reaching implications for nursing.

General meetings of the Canadian Nurses' Association are exciting events. At these times we are able to pause and acknowledge the accomplishments of the past, reflect on the problems that we have met, and chart our course toward new goals. This is, then, a review of the past, an evaluation of the present and the formulation of plans for the future.

At this General Meeting of 1960, we are to assess the Pilot Project for Evaluation of Schools of Nursing, review what has been done, evaluate what is being prepared and plan for what may follow. I find it difficult to believe that the hour has finally arrived, when I may, on behalf of all those who participated, make the statement that the Pilot Project has been completed and that the recommendations await your consideration. It is the end of the flight for the Pilot Project for Evaluation of Schools of Nursing. Only you can make the decision as to whether or not we shall be airborne again, and what the flight orders will be.

(Kern of Artona)

Helen Mussallem

Sister Lefebvre has presented an excellent account of the background leading up to the project, its immediate preparation and the work of the committees and other personnel. It is my privilege to present the highlights of the Report of the Pilot Project and the recommendations made as a result of this study.

Format of the Report

The Pilot Project for Evaluation of Schools of Nursing was an examination of the status of schools of nursing in Canada to determine their readiness for a program of national voluntary accreditation.

The report contains the observations, findings, conclusions and recommendations arising out of this purpose. It is a critical analysis of the educational programs in schools of nursing to the end that better nursing service may be provided. In the foreword to the report our president, Miss Girard, stated that

> by its very criticism, it underlines the capacity of nurses to engage in the self-assessment that is necessary if we are to live up to our ideals.

The first chapters deal with the background of the Project, its administration and organization (which includes the selection and functions of committees and other personnel), the methods used in all phases, and the data obtained from the schools surveyed. The final chapters contain the summary, conclusion and recommendations. Additional information relating to the Project is contained in the appendices. This includes such items as the questionnaire used, a list of supplementary information provided

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Miss Mussallem, the director of the Pilot Project, presented this commentary on her final Report at the biennial meeting.

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by the school at the time of the survey, a sampling of verbatim opinions expressed by people about the Project and accreditation in general and the present methods used in the survey of schools.

Project Procedures and Phases

The general procedures used throughout the survey and described in the Report, were those that had been developed by the National League for Nursing Accrediting Service. This service has had over 20 years of experience in accrediting schools of nursing. Without the assistance provided so generously, this project could not have been completed in the allotted time. The NLN also gave the director an orientation to its procedures of accreditation and permitted use of all its materials and criteria. These criteria were modified for use in the Canadian schools of nursing and were considered by the Board of Review to be suitably applicable in every way to the Canadian patterns of nursing education.

The Project as planned and described, falls into three phases. The initial phase included visits to all participating schools and involved addressing meetings of nurses and allied professional groups. Conferences were held with executive directors of these allied services, deputy ministers of health and other interested groups.

The major portion of the intermediate phase was devoted to one-week surveys of the 25 schools. A detailed account of the procedures and methods used during this period, as well as a description of a typical survey are recorded. The one-week visit was used for a comprehensive survey of the educational program of the school. A massive amount of material that required at least one full day to study resulted on each occasion. Visits were made to all areas of the school, to hospital wards where students received their clinical experience and to an affiliating agency. Conferences were held with all of the individuals and groups who were directly or indirectly connected with the educational program. The visitors' main responsibility during the week was to write a factual report on the school's program which would be submitted to the Board of Review for evaluation.

The visitors did not evaluate the school or the survey report. They were essentially a fact-finding team. The evaluation was made by the Board of Review. The visit was not planned as an inspectional tour but as an educational experience for all who were involved. The extensive nature of the visit may be realized when it is estimated that each visitor was involved for approximately 65 hours of the week with the survey and the writing of the report. When the survey report was completed, it was read to the staff of the school to familiarize them with its contents, to clarify any misunderstandings, and to obtain additional information. Once the report had been read and any corrections had been made, it was typed in CNA National Office and returned to the school for further reading and correction. By using this procedure, there was assurance that the report was accurate. It was then studied by the Board of Review and later used as the basis of the data in the study.

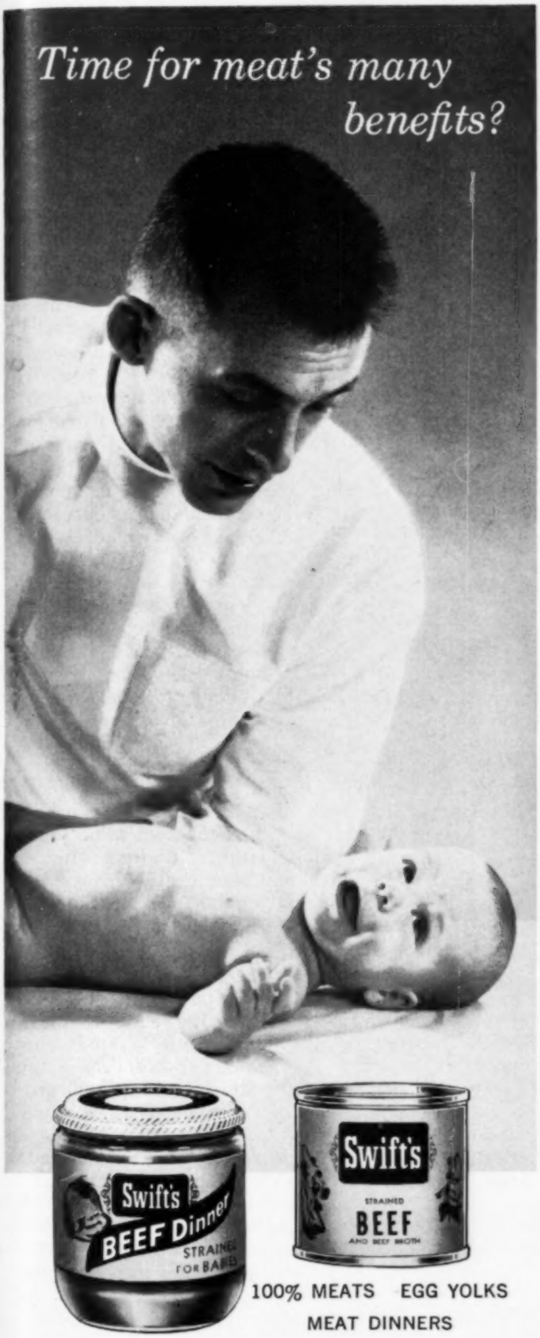
Throughout the Project, the staffs of the schools, the nursing members of affiliating agencies and nursing students were asked to comment in writing on the entire evaluation procedure and to mail their comments unsigned to National Office. A sampling of these remarks is contained in the Report.

The final phase of the survey was a detailed evaluation by the Board of Review of each survey report.

The Board of Review

Using the criteria of the Project, the Board of Review evaluated each school — identified only by a code number — on the basis of its report and additional clarifying information provided verbally by the Director. Following the evaluation of a program, the Board listed, for the school concerned, a summary of the factors in its program that indicated strength as well as the areas that required study. Copies of the report which had been checked for accuracy by the school prior to the meeting of the Board, were then returned to the school with the Board's evaluation.

In each instance the Board also voted, on the basis of the over-all quality of the program, on the eligibility of the school for full accredita-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tion, if such a program had been in effect. In the opinion of the Board of Review, four of the 25 educational programs had the over-all quality needed for the award of accreditation. Although only four of the schools surveyed merited this standing, there was wide variation in the quality of the programs of the remaining 21.

Following their evaluation of the schools, the Board members were asked if they considered the criteria applicable to diploma schools of nursing in Canada. The consensus of the group was, that generally speaking, these criteria were applicable.

Facts and Figures

The data obtained from the schools are discussed and tabulated in chapter five of the Report. This section has been divided into the 10 areas used in the survey of the school. The report of the Pilot Project is a *factual* report. No mention has been made of the interest, enthusiasm and eagerness of the school faculties and hospital authorities. At all times, the surveyors worked in a very favorable climate. No effort was spared to make all the information that was required available. Every assistance was provided to facilitate a heavy and demanding schedule. This was all the more appreciated because, in each instance, the members of the school staff were carrying on with their own heavy work load during the survey week.

It is difficult to summarize this chapter. There are 34 tables as well as a discussion of related information. I will point out only a very few of the areas. I trust that you will explore the others by yourself. In discussing these, I wish to acknowledge the great contribution made by the individual members of the schools of nursing working in their own setting, and often under difficult circumstances. One always gained a feeling of deep respect and admiration for the work of each nurse in her own field of endeavor. After every day-long curriculum conference in the schools, during which individual instructors described their contribution to the total program, I was left with a feeling of great humility. But there are many things that we can all do much better and it is to these areas that I refer specifically.

One of the most critical situations encountered in the survey was the lack of post-basic preparation of the full-time instructors. It is recognized that formal preparation in a university is not a guarantee of competency in teaching. Yet it cannot be denied that trial and error methods of teaching are both hazardous and extravagant. It is of interest to note that the figures obtained from 171 schools of nursing during a recent survey on the preparation of instructors by the national Committee on Nursing Education are almost identical with those obtained from the survey of the 25 selected schools. There is a variation of about one-tenth per cent.

Of the full-time instructors, the survey revealed that 30.9 per cent had no preparation for teaching; 43.8 per cent had a certificate or diploma obtained following one year of study at a university: 21.5 per cent had a baccalaureate degree and 3.8 per cent had a Master's degree.

Of the many areas of concern in relation to student personnel services, one in particular might be mentioned. The results showed that in the majority of schools the student was regarded as a member of the working staff force and her hours were regulated accordingly. In most cases students were engaged in the clinical setting for four to eight hours more per week than graduate nurses. To me this situation revealed a need for clarification of the role of the student as a learner in an educational program which includes experience in the clinical setting.

In the section devoted to curriculum you will note the areas of strength and the areas requiring study. Nurses directly involved with school of nursing curricula will want to study this section in detail. In most cases the clinical setting for the educational program was not surveyed as comprehensively as the visitors would have preferred. However, efforts were made to determine whether the quality and quantity of patient care provided by the nursing service staff ensured a suitable environment for learning.

One table of particular interest is the *Percentage and Time Spent in the Clinical Setting by Graduates, Students and Non-Professional Personnel for a*

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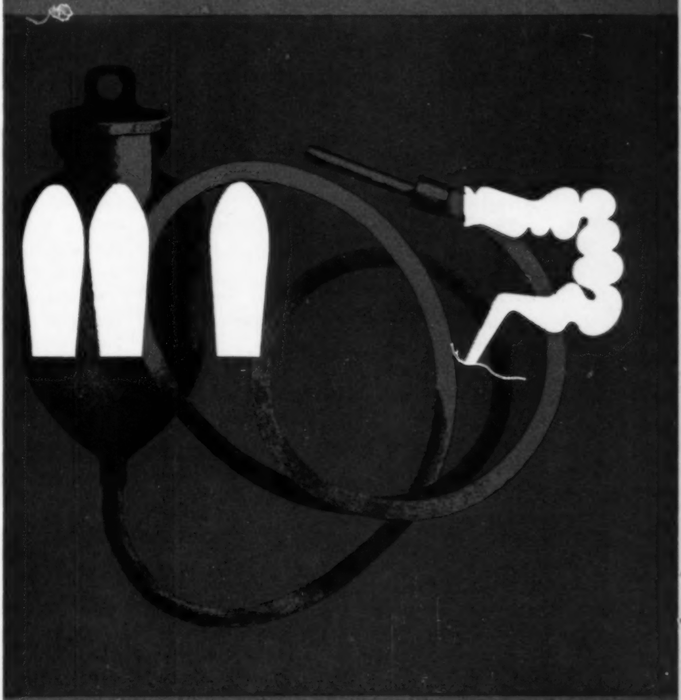

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24-hour Period During the Survey. Even a casual glance at this table will reveal the heavy nursing load carried by students, particularly on evening and night duty. Although not indicated in this table, those situations where students carried 90 to 100 per cent of the work load were also those in which the supervision was extremely limited. In several cases students were carrying responsibility for patient care and ward administration far beyond the level of their preparation.

Chapter Six contains a summary of data under two headings — the strengths observed in the majority of schools and the areas requiring study and improvement.

The Recommendations

The summary of these data and the conclusions reached are commended to you for study. On the basis of the findings of this Pilot Project, the main purpose of which was "to determine if Canadian schools of nursing are ready for a program of accreditation, and if it is feasible at this time to initiate such a program" the following recommendations are made:

> *Recommendation 1*
>
> That a re-examination and study of the whole field of nursing education be undertaken.
>
> *Recommendation 2*
>
> That a school improvement program be initiated to assist schools in upgrading their educational programs.
>
> *Recommendation 3*
>
> That a program be established for evaluating the quality of nursing service in the areas where students in schools of nursing receive their clinical experience.
>
> *Recommendation 4*
>
> That a program of accreditation for schools of nursing be developed by the Canadian Nurses' Association.

Conclusion

As we review these recommendations it is of interest to note what is being said by those in the field of general education. Dr. George Flower, Toronto has said:

> This then is the state of education today: a mixture of certainty and uncertainty. Certainty, on the one hand that education is supremely important, is the servant of all our purposes; uncertainty, on the other, as to purpose and programs and procedures and ways and means. As a people we are willing to move — we *are* moving — educationally, but we do not move together. The action of one often offsets the action of another, and none of us seems entirely satisfied with the results. The big problem is, how can all this interest and drive and concern and conviction be harnessed, be coordinated, be channelled, the better to serve us as individuals and as a nation?

Dr. Flower's words seem to be an accurate and admirably phrased presentation of the challenge facing nursing education in Canada today.

To conclude, may I quote from the preface to the Report of the Pilot Project.

> Participation in this project was a rare privilege and a unique opportunity to become involved in an exciting professional journey. At the beginning of such a journey, it is difficult to predict the adventures that lie in store before the goal is reached but there were many. Because of the nature of the technical report these experiences are not recorded here. Only factual information is presented. Some day the other part of the story may be written. If as a result of this project, the way ahead in nursing is more clearly visible then the efforts of the many who participated will be well rewarded.

Morally considered, laughter is next to the Ten Commandments and according to medical reports, laughter stimulates the vasomotor centers, and the spasmodic contraction of the blood vessels causing the blood to flow quickly. Laughter, too, accelerates the respiration and gives warmth and glow to the whole system. It brightens the eye, increases the perspiration, expands the chest, forces the air from the least-used cells and tends to restore the exquisite poise and balance that we call health. All this — and Heaven too — laughter may also serve to restore one's hearing. It is actually one of the best types of physical exercise; and it is available to many to whom no other exercise is practicable.

— *The Volta Review,* August, 1960

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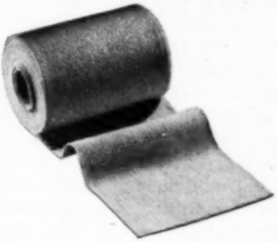

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H. St. C. Hilchey, M.A., B.D.

Text: *St. Matthew 20: 26-28.*

. . . whosoever will be great among you let him be your minister; And whosoever will be chief among you, let him be your servant: Even as the Son of man came not to be ministered unto, but to minister, and to give His life a ransom for many.

The Christian religion exalts service to our fellow human beings as one of the greatest of all virtues. It sets before us the example of the wonderful Man of Nazareth, who in the days of His flesh went about doing good and healing all manner of sickness and disease among the people. It teaches that the best in life eludes those who live only for themselves. Contentment can come only to those who give of their talent and their energy for the good of others. The life of service has its headaches and its heartaches, its disciplines and its sacrifices, its discouragements and its frustrations; but it brings rewards and satisfactions which more than compensate for all its drawbacks.

No group of human beings is more completely dedicated to the ideal of service to humanity than are the members of the nursing profession. They richly deserve the place of esteem and respect which they hold in our society. Caring for the sick is more than a job, it is a ministry; a ministry of patience and cheerfulness and gentleness. It requires skillful hands, and level heads, and loving hearts. There are things to be done which are anything but pleasant. Pain, anxiety, tragedy, and death are the nurse's daily companions; and in the midst of it all, she brings comfort and reassurance.

1960 is the fiftieth anniversary of the death of Florence Nightingale. She died at the age of 90 on August 13, 1910. More important, this is the one hundredth anniversary of the opening of her nurses' training school at St. Thomas's Hospital, London: perhaps the most significant of all landmarks in the development of modern nursing. To recall the name of Florence Nightingale is to be reminded that yours is a great tradition; a tradition of determination and courage, of battling against prejudice and inefficiency, of holding on to a dream until that dream becomes a reality. Miss Nightingale's first struggle was a family affair. She belonged to the British aristocracy, and in their eyes nursing was a degrading task fit only for the uncultured and the disreputable. Her next battle was a much sterner one. In the Crimea she had to contend not only with the deplorable conditions in which the sick and wounded lived and died, but also with the antagonism of the high command. The fact that she persevered and triumphed in the face of such seemingly insurmountable obstacles has placed the whole world in her debt. Well does she deserve to be remembered with respect and gratitude as the founder of modern nursing.

There are others who share with Miss Nightingale the honor of having made the nursing profession what it has become. We remember Elizabeth Fry, of prison reform fame. She was 40 years old when Florence Nightingale was born. With her simple Quaker faith and her amazing energy she had stirred the nation's conscience to a sense of shame because of conditions behind the cold, forbidding walls of the jails. Her compassion for the prisoners spilled over to include the sick, and among her acts of charity was the founding of an institution of nursing sisters in London. Elizabeth Fry exerted a formative influence upon Miss Nightingale, and her name too deserves to live in grateful memory.

Another honored name is that of Edith Louisa Cavell, the British nurse who went to Brussels in August of 1915, and there nursed the victims of war regardless of the uniform they wore. Arrested and imprisoned by the Germans, she admitted to sheltering and helping to convey to safety some 200 wounded English, French, and Belgian soldiers. Sentenced to death, she faced the firing squad with a dignity which moved the world. To the British chaplain who ministered

---

Rev. Mr. Hilchey is rector of St. Paul's Church, Halifax, N.S.

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to her in her last moments, she made a comment which has become as famous as almost any in English history, "Patriotism is not enough." Greater than patriotism is that humanitarian sentiment so pointedly illustrated in our Lord's parable of the good Samaritan. The ministry of mercy and of healing admits no boundaries of nationality or race or creed.

Long before the time of Elizabeth Fry, Florence Nightingale and Edith Cavell, women of compassionate heart and fearless spirit were ministering to the sick. Many of them were ladies of rank and wealth who made great sacrifices on behalf of the poor and the neglected. One of those to whom Christian history pays glowing tribute is Fabiola, a Roman lady of the bluest blood who lived 1600 years ago. Her two marriages ended tragically and brought her as a humble penitent to the door of the Church. Having received absolution and been admitted to Communion, she devoted herself and her fortune to the care of the sick for whom nothing was being done. Somewhere about the year 380 A.D. she founded in Rome a hospital with a convalescent home attached. Not content to wait for the sick to come to her hospital, she went out into the slums to collect and care for them. We may say of her that she was the ancient forerunner of the modern nurse.

This then, is the tradition in which you stand; a tradition graced by countless women who have ministered, often in very trying circumstances, to the sick and diseased. Sometimes, as you move about the well equipped hospital in which you serve, think of the past and marvel at the faith and the courage of those who pioneered your profession. Then whisper a prayer that something of their spirit may be evidenced in you.

These great women about whom we have been thinking were all convinced and practising Christians. No one can study the history of medicine without recognizing the tremendous impetus which the Christian faith has given to the ministry of healing. Long ago Jesus placed strong hands in healing and blessing upon sick and suffering people. When He commissioned His followers to go into all the world, He bade them not only preach the Gospel, but also heal the sick. His example and His instructions have been the inspiration of those in every generation since His time who have sincerely tried to live the Christian life. They have sought to imitate His compassion for the diseased, the crippled, the blind and the deaf. A great man once put it forcibly when he remarked that if Christ came to London tonight, He would not go to its largest church, but to its largest hospital.

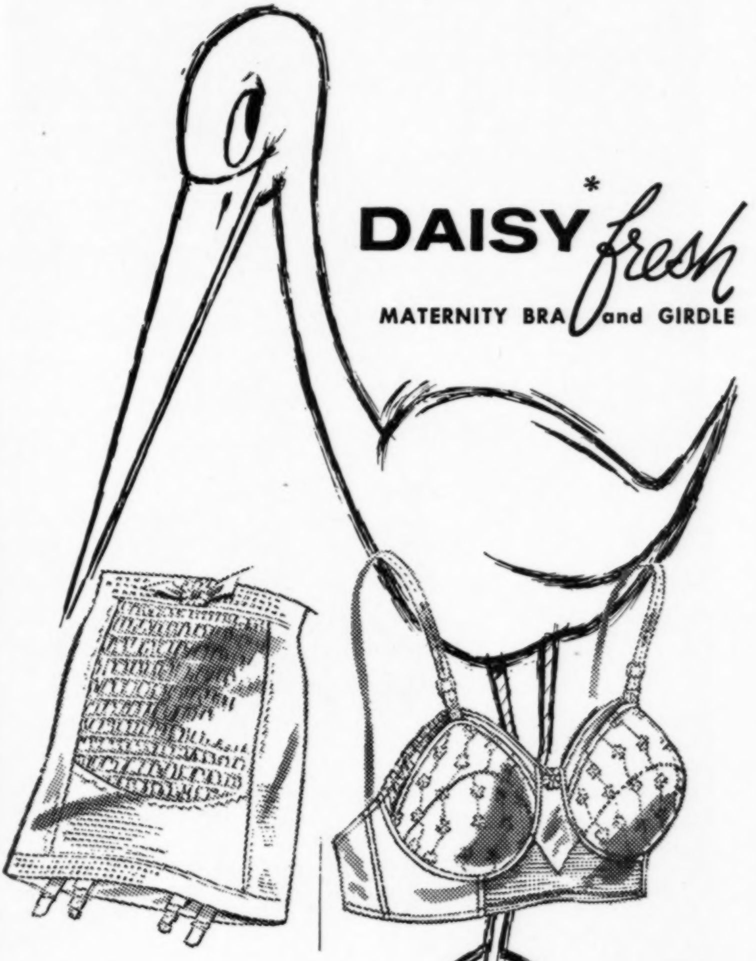
We all welcome the advances that have been made in medical knowledge and technique during the past century. Private charity has been replaced by state-provided hospitals. The haphazard methods of days gone by have given way to the scientific approach which is so typical of the twentieth century. But let us not forget that medicine is more than science. Medicine must have a heart, a heart of compassion which looks upon the sick not as patients but as persons, not as "cases" but as individuals. We welcome the new partnership which has been developing lately between doctors and clergy, between those who minister God's healing gifts through surgery and medication and those who minister them through prayer and sacrament. This kind of combination will ensure that scientific medicine does not lose the human touch which is so necessary in dealing with people. Never let the heart go out of your nursing. Keep your compassion fresh.

Those who give themselves to the ministry of healing give themselves to the service of God. It it God's work we do and Christ's ministry we share, when we unite skilled hands, level heads and warm hearts in doing for others what they cannot do for themselves.

May God bless you in your ministry to the sick.

Wisdom is knowing what to do next, skill is knowing how to do it, and virtue is doing it.
— David Starr Jordan

Everyone is a moon, and has a dark side which he never shows to anybody.
— Mark Twain



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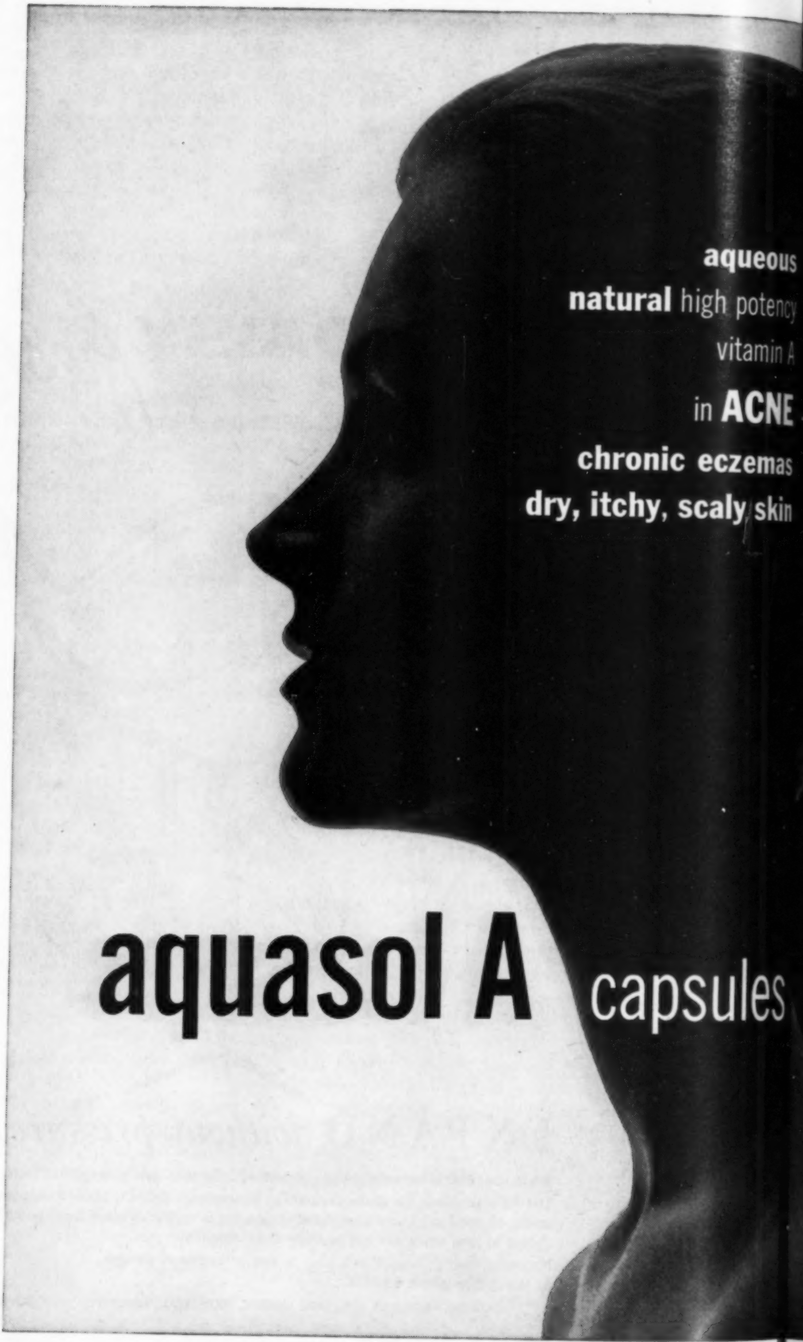
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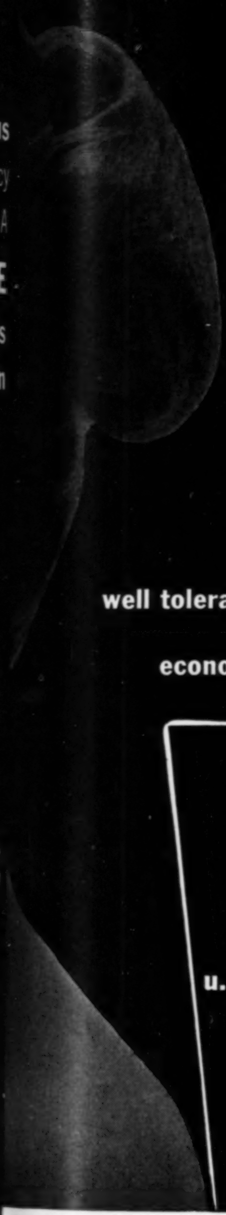

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1. Davidson, D. D. and Sobel, A. E., Jl. Invest. Derm. 12:221, 1949.

MEET THE EXECUTIVE

During this biennium many of the affairs of the Canadian Nurses' Association will be a responsibility of certain members of the Executive Committee recently elected or re-elected at the 1960 general meeting. We are pleased to have this opportunity to introduce these new officers of our national association.

E. A. Electa MacLennan is already a very familiar figure on the Canadian nursing scene. Director of the School of Nursing connected with Dalhousie University, Halifax, she will be remembered by many nurses for her work at the McGill School for Graduate Nurses as assistant director and assistant professor in public health nursing. Still others will recall her extensive association with the Victorian Order of Nurses, first as a staff nurse and later as a National Office supervisor. She holds her Master of Arts degree from Columbia University and, in 1956, she was made a Fellow of the American Public Health Association.

(Wright Studios)

E. A. ELECTA MACLENNAN

Miss MacLennan's interest in nursing affairs at the national level is long-standing and well-proven. During the 1944-46 biennium she took charge of publicity work for the CNA as one of her responsibilities as assistant secretary in our National Office. During this past biennium she chaired the Committee on Legislation and Bylaws while fulfilling her duties as second vice-president. Now we welcome her as first vice-president and chairman of the Committee on Finance, knowing that we will continue to benefit from her enthusiastic and energic efforts on our behalf.

(Esquire Photo, Saskatoon)

HAZEL B. KEELER

Hazel B. Keeler, second vice-president, has been reappointed as chairman of the Committee on Nursing Education. Director of the School of Nursing, University of Saskatchewan, her interests have led her far into the field of nursing education and to many localities ranging from British Columbia to Ontario and south of the border to the University of Buffalo where, for a two-year period, she was associate professor of nursing education. Many Canadian nurses are probably familiar with the Saskatchewan centralized lecture program for nursing students that became effective early in 1953. Miss Keeler has been very actively associated with this program as an over-all planner, coordinator and adviser to the participating schools of nursing. It can be readily seen that she is well-qualified to direct the activities of her particular committee.

Katherine E. MacLaggan, director of the School of Nursing, University of New Brunswick, and our new third vice-president is a capable addition to the Executive Committee. Training as a teacher in the field of general education preceded preparation for nursing. A Bachelor of Nursing degree from

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KATHERINE MACLAGGAN

McGill School for Graduate Nurses in 1952 was followed by a Master of Arts from Teachers College, Columbia University in 1957 with a major administration in nursing education. Her efforts on behalf of nursing in the province of New Brunswick have been outstanding. It was no whim of fate that led to her appointment as chairman of the committee charged with implementing the recommendations of the Russell Report which developed out of the survey of nursing in that province conducted by Miss E. Kathleen Russell.

(Chevrons Studio)

MARY RICHMOND

As a chairman of the Committee on Nursing Service, **Mary L. Richmond** has accumulated considerable experience related to this area of nursing and its attendant problems. She has been the director of nursing, Royal Jubilee Hospital, Victoria since 1956. In recent months she was associated with the Pilot Project on evaluation of schools of nursing as a member of the Board of Review and as a regional visitor in Alberta. She will provide capable and sound leadership.

(Newton)

ETHEL GORDON

The chairmanship of the Committee on Public Relations has been returned to the very efficient direction of **Ethel M. Gordon.** During the past biennium under her guidance the Committee prepared the "CNA Platform" that was officially accepted by the convention delegates. As chief supervisor of nursing counsellors, Civil Service Health Division, Department of National Health and Welfare, Miss Gordon has a very busy professional life. Her background of public health experience with the Victorian Order of Nurses for Canada and with the Central Tuberculosis Clinic in Winnipeg has given her much understanding of this field. Her interest in professional affairs has been active and fruitful. The development of the Industrial Nurses' Committee of the Registered Nurses' Association of Ontario came about partly through her efforts.

We know that the report of the Committee on Public Relations in 1962 will show the same evidence of dynamic action that it did in 1960.

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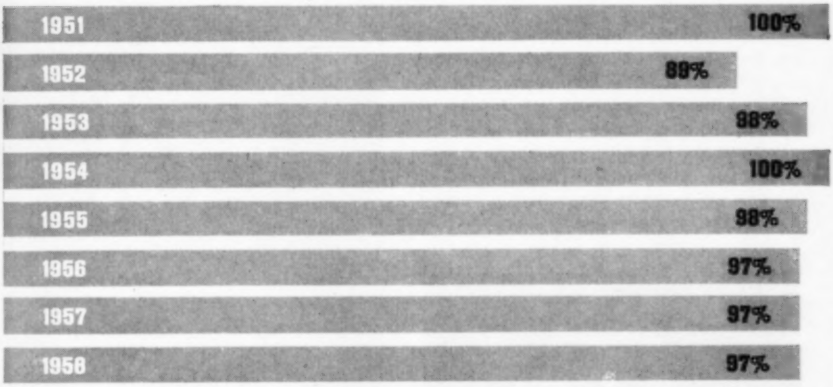

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References: (1) Rebhan, A. W., & Edwards, H. E.: *Canad. M. A. J.* 82:513, 1960. (2) Editorial Comments: *Canad. M. A. J.* 82:537, 1960. (3) Brownrigg, G. M.: *Canad. M. A. J.* 73:787, 1955. (4) Roy, T. E.; Collins, A. M.; Craig, G., & Duncan, I. B. R.: *Canad. M. A. J.* 77:844, 1957. (5) Royer, A., in Welch, H., & Marti-Ibañez, F.: Antibiotics Annual 1957-1958, New York, Medical Encyclopedia, Inc., 1958, p. 783.

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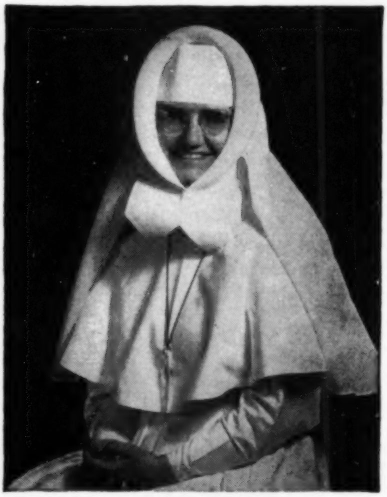
Sister Madeleine of Jesus

The duties of the Committee on Legislation and Bylaws can be rather demanding since not only must its members attend to the legislative needs of the Association but they must also keep a watchful eye on provincial and federal legislation that has implications for nursing. **Sister Madeleine of Jesus** has accepted the chairmanship of this busy committee for the new biennium. She is the director of the University of Ottawa School of Nursing and is extremely active in nursing circles. Participation in the work of the national committees is not new to her. Sister was a member of the finance committee during the past biennium and was also representative of the Ontario Nursing Sisterhoods to the CNA executive. She was re-elected to this latter position at the post-convention Executive Committee meeting in June.



Sister M. Felicitas

Sister Mary Felicitas, director of nursing, St. Mary's Hospital, Montreal is the new chairman of the Journal Board of *The Canadian Nurse*. Her unfailing interest in professional affairs, her extensive experience in national committee work — she was chairman of the Committee on Nursing Service 1958-60 — and her familiarity with the work of the *Journal* as a member of the Board over a period of years have fitted her particularly well for this task. Sister obtained a B.S. degree in nursing education from the University of Ottawa and her Master's degree from Catholic University, Washington, D.C. where her high standard of scholarship won her Phi Beta Kappa recognition.

Sister Mary Irene

As representative of the Nursing Sisterhoods from the Maritime provinces, **Sister Mary Irene,** educational director, Charlottetown Hospital will continue to lend her support to the Executive Committee. She represented the Sisterhoods of this region most ably during the past biennium and has participated actively in the professional affairs of her province over a number of years,

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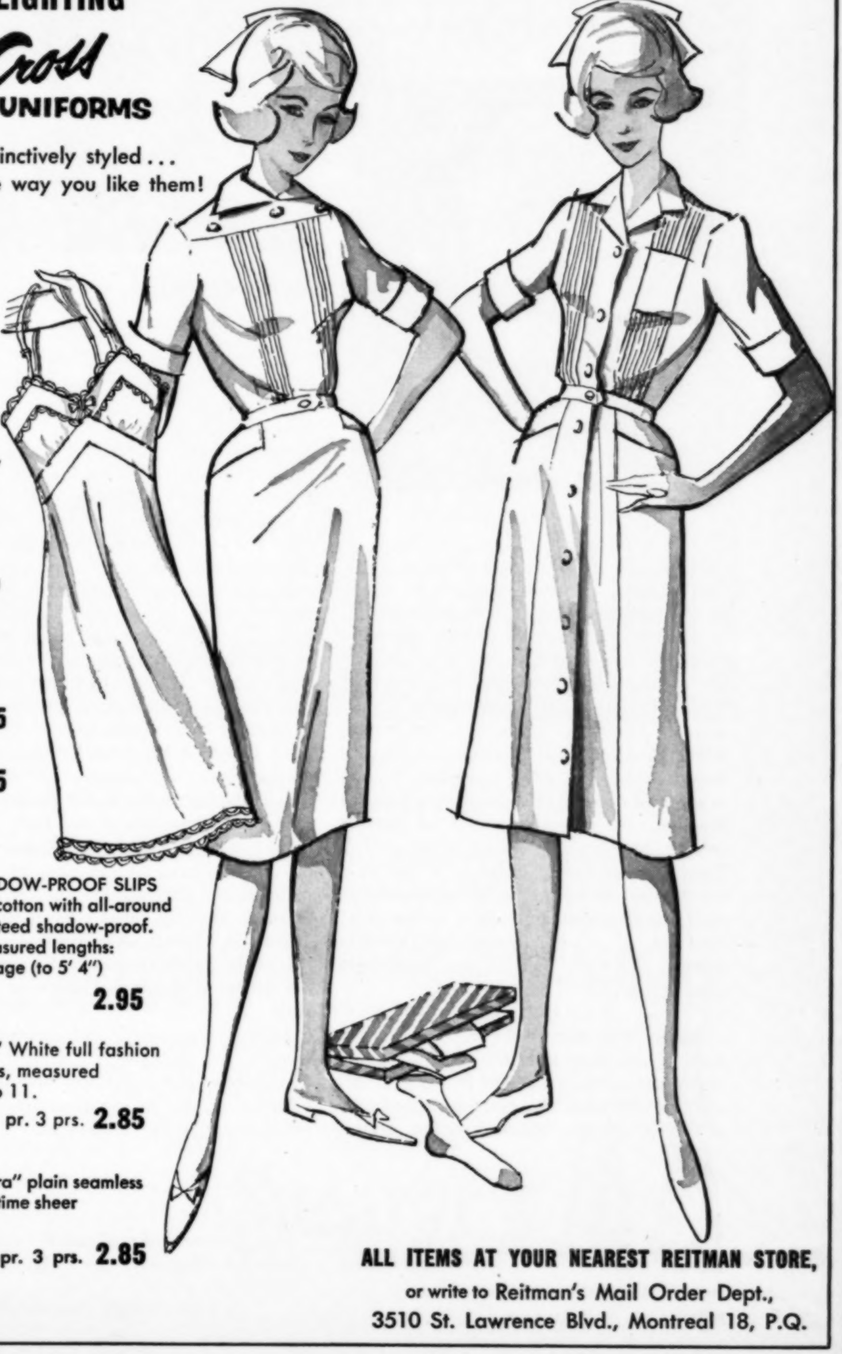

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as chairman of various committees and finally as president of the A.N.P.E.I. A graduate of Charlottetown Hospital with a certificate in nursing education from University of Toronto School of Nursing, Sister has a deep concern for and interest in the preparation of nurses not only for professional duties but as good citizens.

SISTER HUGH TERESINA

To represent the Nursing Sisterhoods of the Western provinces we welcome **Sister Hugh Teresina,** director of nursing service, St. Michael's Hospital, Lethbridge. Born in Alberta, Sister went far afield to receive her professional training. She is a graduate of St. Joseph's Hospital, Glace Bay, N.S. and has her certificate in nursing service administration from the University of Toronto School of Nursing. After a number of years as assistant director of nursing at St. Joseph's Hospital, she became director of nursing service, St. Rita's Hospital, Sydney, N.S. Then she travelled west again, to take over her present duties. An active participant in professional associations, she is a past president of the Cape Breton and Victoria Branch, RNANS and of the Lethbridge Chapter, AARN.

(Jac Guy)

SISTER FLORENCE KEEGAN

Sister Florence Keegan, professor in nursing administration and clinical supervision Marguerite d'Youville Institute, Montreal will represent the Nursing Sisterhoods of Quebec for the 1960-62 biennium. American-born of Irish descent, she is a graduate of Edmonton General Hospital with her Master's degree in nursing education and nursing service from St. Louis University, Missouri. She is a former director of nursing and assistant administrator of Edmonton General Hospital, positions which she held immediately prior to coming to the Institute.

She has taken an impressive part in the work of national and provincial groups since her arrival in Montreal. This has included membership on the Committee on Studies of the Canadian Conference of University Schools of Nursing as well as on the Special Committee that has recently completed "The Head Nurse Manual." In recent months she has acted as a regional visitor for the Pilot Project in New Brunswick and Prince Edward Island. Apart from her duties in connection with the students of Marguerite d'Youville Institute and her committee activities, Sister manages to find time to organize and direct special study days and institutes on nursing service on request of hospitals both within and outside the province of Quebec. She has also contributed to the courses in hospital administration set up for the public health nurses and doctors from the School of Hygiene, University of Montreal.

Enthusiastic, capable and energetic, Sister Keegan will represent the Quebec Nursing Sisterhoods most efficiently and will be a valuable member of our Executive Committee.

Studies serve for delight, for ornament, and for ability. — FRANCIS BACON

Statistics are like alienists — they will testify for either side. — F. H. LAGUARDIA

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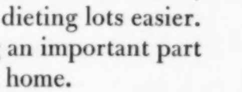

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All Aboard for Australia

The June, 1960 issue of *The Canadian Nurse* contained information on the Twelfth Quadrennial Congress, International Council of Nurses to be held in Melbourne, Australia, April 17-22, 1961. This account has probably whetted your desire and stimulated you to dream of visiting this sunny, friendly continent, noted for its wealth of flora and fauna, and fulfilling a desire to attend the ICN Congress.

Should you be planning to attend the Congress, you will be especially interested to know that the CNA has planned a tour through Thos. Cook and Sons. The tour leaves Vancouver on April 2, 1961. On the way you will visit Honolulu, Fiji and New Zealand. Following the Congress you will visit Sydney, Australia, returning to Vancouver on April 26.

Perhaps it might be convenient to extend your holiday. If so, we recommend that you take advantage of the extension to this tour and visit Malaya, Thailand, Hong Kong and Japan, thus returning home by way of Honolulu and arriving in Vancouver May 18.

Tour fares will include: transportation, sightseeing, tips, hotel accommodation, meals, etc. Hotel accommodation in Melbourne and meals in Melbourne, Sydney and Honolulu are not included.

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For further information, brochures and application forms are available on request from: **The Canadian Nurses' Association, 74 Stanley Avenue, Ottawa.**

ICN News

As another Congress draws near we realize, once again, how fortunate we are to be members of one of the world's oldest organizations. In fact, the ICN is the oldest international association of professional women. As members of such an organization we are privileged to have representation on ICN committees. Miss Pearl Stiver, our general secretary has recently returned from England where she attended a meeting of the ICN Committee on Exchange of Privileges for Nurses. Miss Lillian Pettigrew, executive secretary and registrar, Manitoba Association of Registered Nurses attended a meeting of the ICN Committee on Revision of Constitution and By-laws within the past year. During April, 1960, Miss Alice Wright, executive secretary, Registered Nurses' Association of British Columbia, attended a meeting of the ICN Membership Committee. Through such representation the Canadian Nurses' Association has the opportunity to assist with and benefit from the many activities carried out by the ICN.

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doctor, clinic or some similar employer, and you feel that your employer might wish to make Plan "B," the employer-employee plan, available to you and other employees, we invite you to obtain complete details of Plan "B" from your Canadian Nurses' Association. This plan is most attractive since it involves the same features as Plan "A," but would include contributions made on your behalf by your employer, along with your own personal contributions, tax free, with many other desirable features.

International Visitors

National Office has been pleased to welcome many nurses from other countries who have been able to plan visits to Ottawa as well as other parts of Canada. Among these are Miss M. Simpson and Mrs. G. Doherty of the Royal College of Nursing, England and Miss Marion West, editor, Journal for Industrial Nurses published by the Occupational Health Section, Royal College of Nursing.

Miss Margaret Stewart, secretary, Royal College of Nursing, Scottish Branch participated in the Executive Secretaries' Conference held in Ottawa in September, during her visit to Canada.

Other visitors to Canada were Miss Sheila Kirk of the Royal Australian Nursing Federation. Miss Edith Preddy, England, Miss Mavis Mitchell, Australia and Miss Joan MacFarlane from Scotland.

Executive Secretaries' Institute

The third institute for executive secretaries and registrars of provincial and national registered nurses' associations was held in Ottawa in September. Topics under discussion were Counselling and Guidance, Employment Relations and Office Administration.

Psychological Problems

The Ottawa Study Group on Psychological Problems in General Hospitals, under the chairmanship of Sister Madeleine of Jesus, director of the School of Nursing, Ottawa University, has completed its report of the 15-month study.

The project was launched in 13 countries by the World Federation of Mental Health, the International Council of Nurses and the International Hospital Federation. The executive secretaries of the corresponding National Associations formed the Steering Committees in each country. The Ottawa Group had representation from the three hospitals, National Health and Welfare, the medical profession, social work and the Canadian Nurses' Association. Two psychiatrists and a director of a school of social work acted as consultants.

The study undertaken by this committee has been both challenging and valuable to each member and to each professional situation represented. It has also stimulated a desire to continue as a permanent interdisciplinary group to explore the multiple avenues of communication and to exert a more widespread influence in this area with total patient care as the main objective.

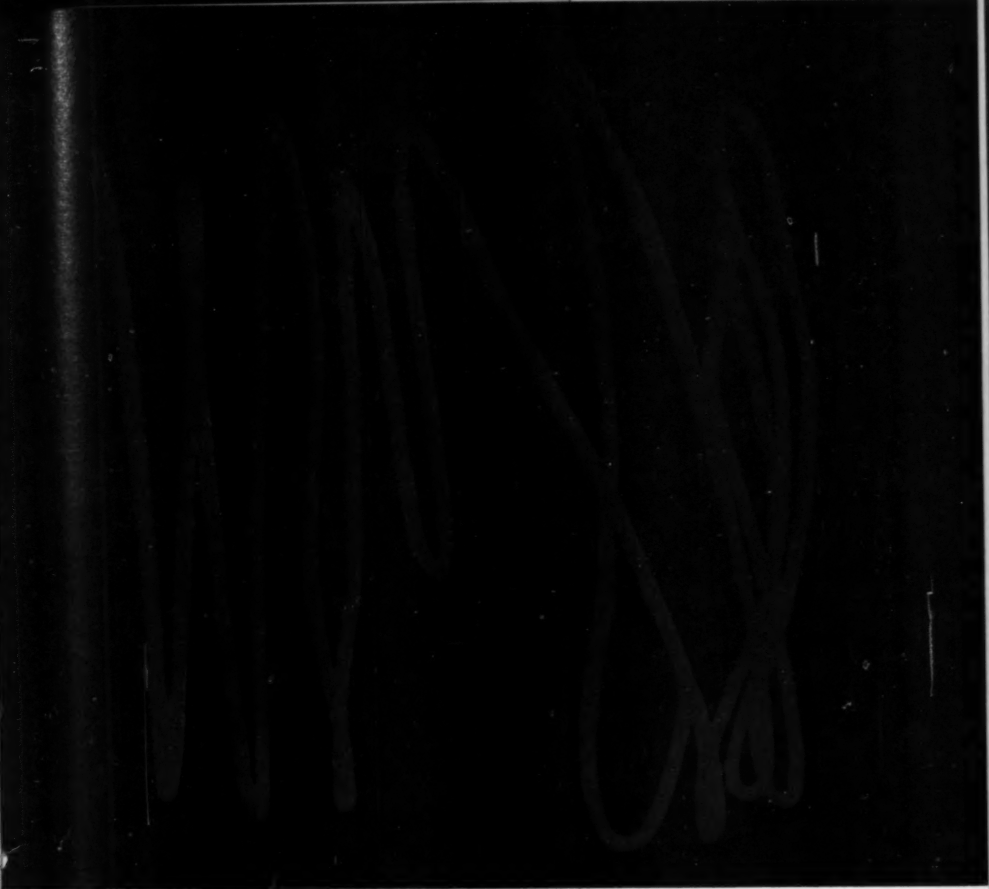
A meeting of representatives from the participating countries is being held in London, England this month to discuss the reports for an exchange of ideas and to correlate the findings and recommendations of all countries into a brief to present to an international committee of experts meeting later this year.

Miss Jean Dorgan, consultant in social work to the Mental Health Division, Department of National Health and Welfare is attending the conference as representative of the Ottawa Study Group of which she was recorder. In addition to holding her Master's degree in social work Miss Dorgan also has her Bachelor of Science in Nursing.

Copies of the report are available in Canada from the Canadian Nurses' Association, 74 Stanley Avenue, Ottawa.

The proper way to clean teeth is by brushing from the gums to the biting edge, so that the bristles will remove food particles from between the teeth.

In this world of hard knocks a sense of humor is a saving grace and the hide of a rhinoceros the best protection for a sensitive heart. — Lowell Bretano



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The Commonweal of Nursing

EDITH R. DICK

The closing address of the 1960 convention.

FOR A LITTLE WHILE at this closing session you are invited to direct your thoughts to the watchword chosen for the past biennium — Faith. The several synonyms of faith are known to you. Belief, trust, credence, confidence and reliance are some of them. It is within the meaning of a faith which breeds a sober confidence that you are invited to reflect. This is something far removed from an unconditional confidence that the future has only good things in store, or the easy optimism that things will somehow work themselves out.

You will recall the challenge given to us by Miss Electa MacLennan in *The Canadian Nurse,* March, 1960, when she asked "Have we kept faith with our profession, our public and ourselves?" She is zealous for our professional idealism and our standards of nursing education and service. She would have it that our heritage of vigor and courage as a profession entitles us to confidence in the future. She reminds us that the powers of healing are miraculous.

Faith and Belief

It is difficult to find a concept that will satisfy everyone because faith, as is the case with all important components of our lives, quite understandably defies easy definition. Faith is a union between belief and trust. Faith is chiefly personal. We have faith in a promise because it emanates from someone whom we trust. Trust is sentient. Belief, by itself, may be impersonal in the sense that we believe in a mathematical proposition because we know it is true. Belief is intellectual.

The belief which underlies faith is impregnated with the tension of perpetual intellectual effort that embodies a determination to know the precise nature of things. The poet has said that human kind cannot bear too much reality. Yet the knowledge that facts have been identified and understood carries with it a satisfaction that is balm for any hurt caused by the harshness of reality. Is it true to say that one of the predominant expressions at this biennial meeting has been a determination to seek out the static causes that may be limiting the realization of the aims of nursing education?

What of the Future?

In seeking direction for the future, the past and present meet. Arthur Bryant in his *English Saga* wrote: "The key to a nation's future is her past. A nation that loses it has no future." It has been suggested that a backward look is sufficiently reassuring to engender a feeling of confidence in the future. Past events have been referred to frequently throughout this convention. Over the years, the officers of our Association have given alert leadership. They have sponsored a general survey of nursing education; have published a guide for schools; have carried out a demonstration in basic education; have published policies for both education and service and, have reported on the Pilot Project for the Evaluation of Schools of Nursing. Perhaps the most promising aspect of this splendid report is the unmistakable evidence supplied by the director that everywhere the desire to improve the basic program is strong. When this concerted desire is examined at close range, there is brought into focus the true spirit of each school of nursing across Canada as many thousands of young women are helped toward their goal of becoming nurses.

We have been told that teaching in a school of nursing is not a competitive field. This fact constitutes a crucial situation with which we must deal. It also induces in us a feeling of gratitude to those nurses who, sensitive to the demands of our common task, come forward to seek qualifications as

---

Miss Dick who is director of the Nurse Registration Branch, Ontario Department of Health, gave this address at the final session of the Biennial meeting.

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teachers. One can imagine that there is an unwritten story behind the Pilot Project that is punctuated with anecdotes illustrating the very considerable individual contributions of those now manning our schools.

In terms of development in the practice of nursing, what are some intimations of the future? Many nurses would have it that we would be abdicating the role that is ours historically, traditionally and by inclination if, as nurses, we were to cease to give direct service to the person who needs nursing. They feel that it is only in this context that nursing can take its place with other professions.

It is interesting to learn that two new graduate programs are to be established on this continent to qualify the nurse as a practitioner in general nursing and in specialized nursing such as cardiovascular diseases or rehabilitative care of the chronically ill patient. Miss Frances Reiter of Teachers College will direct the programs. Miss Keeler, in reporting on the fact finding survey of the National Committee on Nursing Education has asked "Should we be thinking of geriatric or small hospital affiliation?" Surely these are intimations of the future.

Early in June, representatives of the university schools of nursing of Canada held their biennial conference. The story of the increase in enrolment in basic degree courses, of advanced preparation for faculty and of the near goal of graduate degree programs, has a significance for the commonweal of nursing. As we look toward the future, may we never forget the university as *the* institution in our social structure which exists to teach men and women how to search out the truth. We confidently and rightly look to our university school of nursing for leadership in our effort to prepare a competent practitioner of nursing.

Faith and Trust

We have been speaking of the intellectual component in faith, the searching for facts on which to base our beliefs. We have done so to the temporary exclusion of the *trust* that makes faith so personal an attribute. Have we confidence in each other? Ours is a diverse group in certain respects. There are gradations in preparation and in status. There are differences in the nature of our responsibilities. Moreover, we share our task with the assistant nurse group to varying degrees. In spite of this, there is evidence to suggest that there is a growing mutual trust, a fusion of interests. This has been manifest in the sessions of this convention. It comes out forcefully in the verbatim comments in Appendix K of the report of the Pilot Project. There, members of staffs recorded their satisfaction in the conferences with the director of the Project and her associates. Here is one comment. "Through the discussions we were able to evaluate ourselves and this in turn has stimulated us to think how to improve our teaching methods." With modesty, let us record that nurses are showing aptitude in effective group work, not only with each other but with those of other disciplines. There has been sound leadership in this.

How well do we know our patients, those whom we serve wherever the citizen and his family are found — in schools, in homes, in industry, in hospitals. How well does the citizen know us? The public image of the nurse is probably too various to permit a comprehensive sketch. One hears of the social contract between the citizen and the professional person whereby the citizen is willing to support educational institutions to prepare workers whose services he needs and in return he seeks competent service and integrity. He probably expects more than average insight into the needs of the community. As a profession, can we not trust the citizen's ability to understand the essence of our discipline, a discipline that affects his well-being so directly? It is suggested that we need the good will of everyone because we serve them all.

When all is said and done, the public probably takes nursing service for granted. We are comfortable with this thought. There is a characteristic about nursing service that is somewhat uncommon. It is meted out in time as well as in kind. The citizen needs to know that nursing service is within his call and will stay with him when he cannot manage by himself. It is a continuing, supporting service that makes for mutual trust. Nursing,

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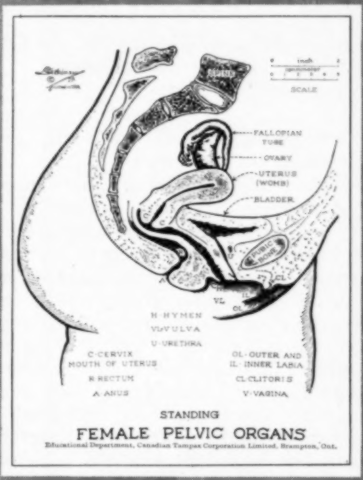
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C-CERVIX MOUTH OF UTERUS
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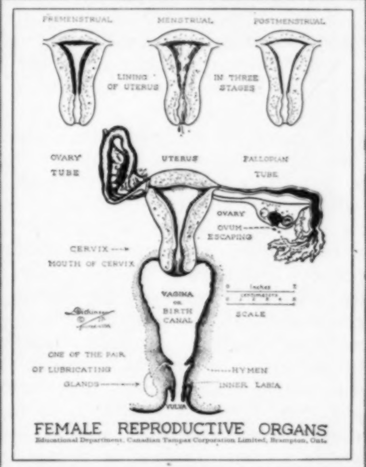
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which is characterized universally by its availability and adaptability has indeed the opportunity to fulfill its purpose which Miss Nightingale, on one occasion, described quite simply — to help the patient to live.

Madam President, we thank you for having chosen the watchword Faith. It has challenged us to be true to our beliefs and humble in our trust. It has strengthened our confidence to plan and work together successfully.

SETTING THE STAGE

FLORENCE E. ELLIOTT

To assist schools of nursing in upgrading their educational programs, the CNA has been working towards the development of a curriculum guide. This is the first of a series of three articles on this topic.

IN ATTEMPTING to direct curriculum development no one should try to provide a study group with a statement of what a curriculum should be or, to state with any degree of specificity, how curriculum development should be approached. In view of the many variables that affect nursing, the nursing curriculum and curriculum development in any school, it is wiser to speak only in terms of accepted principles and to provide examples of their sound application. To do otherwise is to invite the almost certain outcome of discouraging creativity and arriving at mediocrity. The most that a workshop session on curriculum can hope to accomplish, is to stimulate the participants to develop new ideas and to help them to gain knowledge and understanding that they can translate into action later.

An article in *Nursing Outlook* describes the approaches to curriculum revision taken by the faculty in one hospital school of nursing.

1. The *piecing* method in which scissors and the paste pot were used to make curriculum changes;
2. the *sifting* method in which many school announcements were reviewed in an avid search for new ideas;
3. the *analytical* approaches such as job analysis of social values which were used as a basis for evaluating and revising the curriculum.*

However, satisfaction and success came when the group decided to lay aside their preconceptions and to try an approach which for them was totally new. They focused on patients and nursing problems, forgetting at least in the beginning, traditional course boundaries, sequence and teaching methods. This example is illustrative of the kind of floundering that many faculties experience as they seek to improve their educational programs. Too few have the kind of leadership and academic freedom that encourages a "bold new approach."

The Task at Hand

Perhaps we can best set the stage by employing the first steps of problem solving. What is our task? In this instance, the ultimate objective of the Canadian Nurses' Association is to prepare a guide for curriculum development. The hoped-for result is a document that will be a useful tool for faculties in schools of nursing and that will encourage the improvement of nursing education.

Curriculum Guide of Yesterday

Curriculum guides of the past were somewhat different from the one we envision today. They were concerned with the curriculum *itself* rather than the *process of curriculum development.*

Miss Elliott is the director of the study on cost of nursing education with the National League for Nursing. She presented this paper at the Curriculum Workshop, Canadian Nurses' Association in 1959.

*Gilmore, Laurene, "Curriculum Revision," *Nursing Outlook,* Vol. 7, pp. 204-206, April, 1959.

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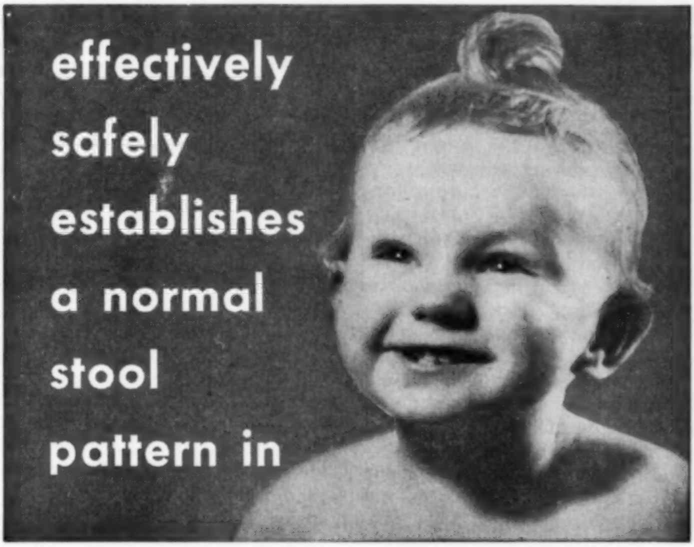

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For reasons that become understandable if viewed in the light of the history of nursing education these guides, although they made a contribution to progress in nursing education, eventually became a limiting factor. Instead of being used as guides, they actually became standard curriculums. The result was a high degree of stereotypy in educational programs in nursing. Why did this happen?

Nursing Education's Ancestry

A brief recollection of the background from which nursing education stems should help us to understand. Nursing got off on the wrong foot educationally speaking, through its beginning as essentially an apprentice training system. This was an inevitable beginning for a new field and not necessarily a bad one. Indeed, it was not too long ago that the aspiring doctor acquired his knowledge and skill by apprenticeship to a doctor who was practising and had established himself in the profession. The would-be doctor and his mentor recognized and accepted the fact that the primary reason for the arrangement was to provide an opportunity for learning. *Not so with nursing.* When the first "trained" nurses appeared they filled such a void, and so quickly demonstrated their worth that hospitals developed "training" programs for the purpose of providing nursing care.

With the rapid advances in the field of medicine, nursing progressed and soon became aware that the necessary knowledge and skills went far beyond what could be acquired in apprentice training. Unfortunately, the concept that nursing students should provide service was firmly established. Through the years this has limited the degree to which nurse "training" programs have become educationally oriented. Just how far nursing education has moved is debatable. The fact that the school of nursing must use the hospital setting for its practice field — a situation in which everyone is oriented to the provision of service — is still a major factor affecting our educational programs.

Inheritance Inhibits Progress

Some of the reasons for the lack of speed with which we progress in nursing education can be found in the qualifications of faculty groups. In 1952, a study of 10,000 faculty members in schools of nursing in the United States revealed that only 68 per cent of the 6601 who reported had academic preparation of a baccalaureate degree or better, 16 per cent had a master's degree or better. When we consider that for the academic year of 1957-58 the total number of individuals who were awarded degrees that signified preparation for teaching in the field of nursing education, was 438, it seems reasonable to conclude that there has been no heartening change in the picture. Academically prepared instructors, who are themselves products of programs that were oriented to service needs, have difficulty reconciling their thinking to accept as right and proper the planning of learning experiences which meet educational objectives rather than the service needs of the clinical setting.

How much more difficult it is then for the instructor who has not supplemented her basic nursing program with any study that would help her to understand the validity of the arguments for educationally-oriented programs in nursing, or whose post-basic study has not had the content to provide this understanding. To further complicate the situation, the administrative head of the school, who is responsible for the leadership of the faculty, is frequently responsible also, for the nursing service of the hospital and is subject to the pull of two opposing purposes.

A factor of equal importance, directly related to the foregoing, is the situation in which the faculty functions in a setting that has little of the intellectual stimulation to be found in the academic environment. Its members operate somewhat as an outgroup among service-oriented personnel. The sad thing is, that the potential in any faculty group is tremendous. By and large, they are highly intelligent individuals who are intensely interested in their work and who are earnestly seeking to teach effectively. They keep themselves abreast of the progress in medicine, rise to the demands made on nursing by each therapeutic advance they meet in the hospital, and translate this into content for their teaching.

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But how infrequent are their opportunities to intellectualize about nursing and nursing education! Indeed, in a hospital setting one can feel downright guilty about spending time on such a seemingly unproductive activity. Even those who conscientiously read the nursing literature are penalized by the lack of opportunity for the kind of stimulating and challenging discussions that encourage individuals to analyze and to evaluate what they have read. As a frequent result, they make only narrow interpretations and the understanding gained is most superficial. This is reflected in the way in which new terms enter their vocabulary and become freely used with little observable change in nursing education or practice.

These factors represent forces that profoundly affect developments in the field of nursing education. They cannot be ignored as the task of developing a guide is approached.

You may wish to add other factors, but the foregoing are at least partially explanatory of the reasons why many nursing curricula remain focused first and foremost on disease and its treatment. This continues in spite of the tremendous emphasis that has been placed on the patient and his nursing needs. These same factors also seem to account for two others: a. that the quantitative criteria for the curriculum (how many hours, how many weeks) still loom inportant and b. that nursing, as taught and practised, remains much narrower than its very great potential.

The Canadian Nurses' Association faces quite a challenge in its aim to produce a tool that will stimulate nursing school faculties toward creative endeavor. Within the faculties in schools of nursing lies the potential for much productive effort. How do we unleash the potential? The prerequisite is that we put aside our preconceptions, forget disease and its treatment, and think of *nursing,* what *it* is and how it can best be learned.

(Nursing Times)

European Overseas Tour

Book Reviews

Goodnow's History of Nursing by Josephine A. Dolan, R.N., M.S. 422 pages. W. B. Saunders Company, West Washington Square, Philadelphia, Pa. 10th ed. 1959. Price $5.00.

Reviewed by Miss Edith Fraser, Health Unit No. 5, M.H.C., Vancouver, B.C.

The author's purpose is given in the following statement. "It is hoped that this book will increase the understanding of the social sciences, art and literature and will permit the student to see the correlation between these and the care of the sick."

The first chapters deal with the care of the sick from primitive men to the great reform era of the 19th century. The cultural, social and religious life of ancient civilizations, and the influence exerted in the care of the ill, is related in a concise interesting way. Students will be somewhat surprised to read of a crude form of vaccination practised in China as early as the third century A.D.; of surgical procedures used in India and Egypt; and of "patient-centred" care taught by the great Hippocrates of Greece. The beginning of the Christian era brought great changes in the care of the sick. "Nursing was nurtured in the early Christian period and nurses have continued to contribute to our historical heritage ever since." A direct result of Christianity was the founding of many religious orders which contributed greatly to the progress of nursing. The historical background of many of these orders is given.

The second section of the book deals with modern nursing from the time of Florence Nightingale to the present day. As is natural in an American text, the history of nursing in the United States is related in great detail, but progress in other countries is also outlined and Canadian nursing is discussed quite fully. While acknowledging the V.O.N.'s great contribution to nursing in Canada, as a staff member of an official public health agency I take exception to the statement: "Practically all public health nursing in Canada is done under the Victorian Order of Nurses for Canada."

The great changes that have taken place in nursing all over the world since the Second World War are mentioned. The book ends with a description of the 11th International Congress of the ICN held in Rome, May, 1957.

It would be profitable for any nurse to read this book. A study of it should give the student a better understanding and appreciation of the evolution of the nursing profession. The author has shown clearly, the effect on nursing of social conditions, religious beliefs, customs and cultural patterns and thus achieved her objective.

Culture and Mental Health. Edited by Marvin K. Opler. 533 pages. Brett-Macmillan Ltd., 132 Water Street South, Galt, Ont. 1959. Price $8.75.

Reviewed by Mrs. Evelyn M. Furnadjieff, Clinical Instructor, Vancouver General Hospital, Vancouver, B.C.

From the modest editorial preface one learns that this book was compiled from a series of papers on social psychiatry. The editor has attained his stated objective by submitting these pioneering studies which show the effects of cultural patterns on mental health in world-wide perspective.

The subject matter is comprehensive. It features 23 original accounts based on the experiences of persons working in the social science and medical fields. The accounts deal with man, health, and community from every continent or island area in which notable work has been done. Barriers of allied sciences have been crossed to reveal fundamental relationships as they exist in the many cultures of the world.

The editor also outlines briefly the central theme of the volume — the variable effect of culture or cultural stress on mental health. The reader finds included thought-provoking case studies which stress this theme. These studies lead him to see mental health in its wide perspective. They emphasize the exploratory nature of current studies and the practical programs in social psychiatry that have been developed to date.

This book could be recommended as valuable source material for students doing research in the fields of anthropology, sociology, psychology and social psychiatry. Its usefulness would be limited in the basic school of nursing program.

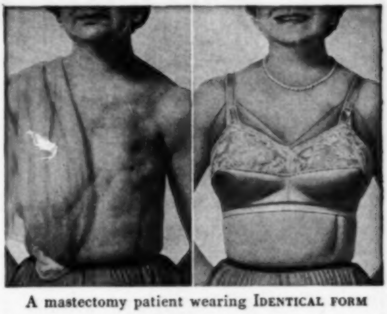
Anatomy and Physiology by Edwin B. Steen, Ph.D. and Ashley Montagu, Ph.D. 314 pages. Barnes & Noble, Inc., New York. 1959. Price $2.50.

Reviewed by Miss Carol Reimer, Science Instructor, Misericordia Hospital, Winnipeg.

The authors state that their book is designed to meet the needs of students in various fields of medicine. I feel that there is too much detail for preclinical nursing students. Even as reference material, it might confuse them. I found this text of some value in preparing my lectures but I feel that too many terms are different from the terms generally used. The illustrations are inadequate, the labels of different structures are vague and the printing is too small.

The quick Reference Table to Standard Textbooks, is a helpful section.

after mastectomy



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COUNTESS MOUNTBATTEN BURSARY AWARDED

St. John Ambulance National Headquarters, Ottawa, has announced that the first Countess Mountbatten Bursary has been awarded to Eva Fairweather who has completed her first year at the University of New Brunswick School of Nursing. It is of interest that Miss Fairweather was a former St. John Ambulance Cadet. A close second was Vivian Shier who has completed her first year at the University of Saskatchewan School of Nursing. Joyce Gill, who has completed her second year at McGill University School of Nursing, ranked third. Nearly 40 applications were received from across Canada.

In making the selection, various factors were taken into consideration — education, personality and financial need. In view of the outstanding qualifications of these three students, it was recommended that this year in addition to the bursary, a special grant should be made to those coming second and third.

It is hoped to establish a Fund that will make possible an annual bursary of $600, in memory of the Countess Mountbatten of Burma, former superintendent-in-chief of the St. John Ambulance Brigade in the Commonwealth.

* * *

A recent study indicates a close relationship between anger and blood pressure. Persons who inhibit anger will have a higher diastolic blood pressure and peripheral resistance than those who more freely express it. The relevance of these findings to the thesis that essential hypertension may be the result of chronically inhibited angry feelings is clear. This disease is characterized by an elevated peripheral vascular resistance.

— *Health Bulletin,* North Carolina State Board of Health.

* * *

A new illustrated 30-page catalogue describing a variety of wheeled equipment for use in hospital maintenance and housekeeping may be obtained by writing to the manufacturers, The Paul O. Young Company, Line Lexington, Pennsylvania and mention *The Canadian Nurse.*

In Memoriam

Yvonne Valerie Cooper, an English nurse who had recently come to Canada, died in Edmonton, Alta.

* * *

Canadian nursing has lost one of its outstanding members with the death of **Agnes Jean Macleod** on August 3, 1960. In 1945 she was appointed matron-in-chief of the Treatment Branch, Department of Veterans' Affairs, and it was in that capacity that many nurses came to know her as she travelled about the country to the various veterans' hospitals and treatment units. Others will have memories of her as a principal matron, RCAMC during World War II when, with other Canadian nurses, she served overseas in the Italian and Mediterranean theatres, Belgium and France. In recognition of her distinguished military record, Major Macleod received the Royal Red Cross.

She was a graduate of the University of Alberta School of Nursing and had earned a bachelor of arts degree from the same university prior to professional preparation. Later she was to return to her school of nursing as its director, 1937-40, but in the intervening years she completed requirements for her Master of Arts and her certificate in teaching in schools of nursing at Teachers College, Columbia University. Always interested in professional organizations and activities, she found time in a busy life to serve both her provincial and national associations in executive offices.

Memberships in various clubs, including Soroptomist International Association, afforded her the opportunity to maintain a wide circle of acquaintances and friends for she loved people. But perhaps most of all, she loved her home in the Gatineau hills and the quiet times that she spent there.

* * *

Alice Evelyn (Smith) Simpson, a graduate of Groves' Memorial Hospital, Fergus, Ont. (formerly Dr. Grove's Hospital) died January 18, 1960.

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An all-day program for nurses will be held at the American Heart Association's Scientific Sessions in St. Louis, Missouri, October 22, 1960. The highlight of the day will be a panel discussion on the "Total Nursing Care of the Patient with Myocardial Infarction." Registration forms are available from the American Heart Association, 44 East 23rd Street, New York 10, N.Y. or at the Kail Auditorium, St. Louis.

* * *

The most lovable quality that any human can possess is tolerance. It is the vision that enables one to see things from another's viewpoint. It is generosity that concedes to others the right to their own opinions and their own peculiarities. It is the bigness that enables us to let people be happy in their own way instead of our way.

— Rotary *Bulletin*

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Registered General Duty Nurses (2) immediately for active 30-bed hospital. Salary $270-$295 per mo., 40-hr. wk., 21 days vacation after 1 year, plus all statutory holidays, 1½-days sick leave per mo., room, board & laundry $30 per mo. if desired. For further information apply: Matron, Municipal Hospital, Magrath, Alberta.

General Duty Graduate Nurses for active 76-bed hospital, near Calgary & Edmonton, $275 gross salary for Alberta registered, $265 gross salary for non registered in Alberta. Excellent personnel policies & working conditions. Apply to: Matron, Municipal Hospital, Brooks, Alberta.

Graduate Nurses (4) for Maternity, Pediatrics, Medicine & Surgery. Wages $285 - $300 according to experience. Contact- Les Soeurs de la Charité de N.D. d'Evron Hôpital St. Louis, Bonnyville, Alberta.

BRITISH COLUMBIA

Nursing Supervisor B.C. Registered for new hospital at Golden, British Columbia, picturesque village in the beautiful Canadian Rockies, on C.P.R. & Trans-Canada Highway, 170-miles west of Calgary, Alberta. Please indicate qualifications & salary expected. Full information regarding duties & hospital operation & organization available on request. **Graduate Nurses- B.C. Registered Nurses** starting $285 per mo., Graduate Nurses $270 per mo., 28-days annual vacation, 10 statutory holidays per year, accommodation available in new modern nurses' residence on hospital grounds. Apply to: C. F. Collins, Administrator, Golden & District General Hospital, P.O. Box 230, Golden, British Columbia.

Supervisor (Evening & Night Service) for 110-bed hospital. Starting salary, 1960: $330; 1961: $357, more if experienced. For information apply giving qualifications & experience to: Director of Nursing, General Hospital, Prince Rupert, British Columbia.

Clinical Instructor (Medicine) for school of nursing in interior of British Columbia. Postgraduate preparation required, experience preferable. B.C. registration required. Salary based on preparation and/or experience. Position available **September 1st., 1960.** Apply: Director of Nursing, Royal Inland Hospital, Kamloops, British Columbia.

Head Nurse for Medical Ward in General Hospital with school of nursing, located in the interior of B.C. Salary based on experience and/or postgraduate preparation. Apply: Director of Nursing, Royal Inland Hospital, Kamloops, British Columbia.

General Duty Nurses for 110-bed hospital in northwestern B.C. Starting salary, 1960: $285; 1961: $312, more if experienced. Residence available. For particulars apply to: Director of Nursing, General Hospital, Prince Rupert, British Columbia.

Head Nurse for Pediatric Ward General Hospital with school of nursing. Able to assist with student teaching program. Salary based on experience and/or postgraduate preparation. Applications should be addressed to: Director of Nursing, Royal Inland Hospital, Kamloops, British Columbia.

General Duty Nurses for small active hospital. Salary $270 for unregistered, $285 registered with yearly increments. Nurses' home available. For further particulars write, The Administrator, Lady Minto Hospital, Ashcroft, British Columbia

General Duty Nurses — O.R. Nurses with postgraduate or equivalent for 146-bed General Hospitals. Personnel policy in accordance with R.N.A.B.C. Rooms available in nurses' residence. Nurses Aides (with vcational training). Salary: $177 - $201 per mo. We do not have a residence for our Nurses Aides. Apply to: Director of Nursing, General Hospital, Chilliwack, British Columbia.

General Duty Nurses for 200-bed General Hospital with School of Nursing. Salary $275-$327. Pre-planned shift rotation, B.C. registration essential. 4-wk. vacation after 1-yr. Apply: Director of Nursing, Royal Inland Hospital, Kamloops, British Columbia.

General Duty Nurses (2) immediately for 25-bed hospital 43 mi. north of Nelson, B.C. Salary: $285 to start; $270 non-registered. Living-in accommodation. Superannuation. Apply Matron, Victorian Hospital, Kaslo, British Columbia.

General Duty Nurses Salary $285 per mo., increase of $12 after 1-yr. service. Charge for room, board & laundry $40; all statutory holidays paid, 28-days vacation after year's service. Graduate complement six (6). Apply: Matron, Slocan Community Hospital, New Denver, British Columbia.

General Duty Nurse for well-equipped 80-bed General Hospital. Initial salary $285, maintenance $47.50. 40-hr. 5-day wk., 4-wk. vacation with pay. Apply: Sacred Heart Hospital, Smithers, British Columbia.

General Duty Nurses for 25-bed hospital, 35-mi. Vancouver, on coast. Close to Garibaldi Park Ski-ing lodge. 1-hr. to city, bus & train service. Salary BCRN $285 - $359 (4th. yr.) non-BCRN $270 - $282 (1st. yr.) Excellent personnel policies. Apply: Director of Nursing, General Hospital, Squamish, British Columbia.

General Duty Nurses for modern 154-bed General Hospital. Basic salary $285, generous personnel policies, nurses' residence. Apply to: Director of Nurses, Trail-Tadanac Hospital, Trail, British Columbia.

General Duty Nurses: starting salary $299 if 2 yr. experience, $285-$342 in 4 yr. Non registered $270. Maintenance $50, 10 statutory holidays, 4-wk. annual vacation. 1½ day sick leave per mo. very active town, world famous Cariboo cattle country, annual stampede. Apply: Director of Nursing, War Memorial Hospital, Williams Lake, British Columbia.

General Duty & Operating Room Nurses for 434-bed hospital with training school; 40-hr. wk., statutory holidays. Salary $285-$342. Credit for past experience & postgraduate preparation; annual increments; cumulative sick leave; 28-days annual vacation. B.C. registration required. Apply: Director of Nursing, Royal Columbian Hospital, New Westminster, British Columbia.

Obstetric, Operating Room & General Duty Nurses (Immediately) for new modern 125-bed hospital in central B.C., surrounded by magnificent scenery & excellent sporting opportunities. Starting salary B.C.R.N. $285 plus $14 increment with 2-yr. experience. Modern nurses' residence available. Apply: Nursing Supervisor, Regional Hospital, Prince George, British Columbia.

Operating Room Nurse with postgraduate course for active operating room in General Hospital with School of Nursing. Salary $285 plus increment for experience. Must be eligible for B.C. registration. Apply: Director of Nursing, Royal Inland Hospital, Kamloops, British Columbia.

Graduate Nurses for 70-bed acute General Hospital on Pacific Coast. Starting salary $275 with regular increases. Board & room $25 per mo., 5-day wk., 28 days vacation plus 10 statutory holidays. Apply: Matron, St. George's Hospital, Alert Bay, British Columbia.

Graduate Nurses for 60-bed modern hospital in resort area on Vancouver Island. R.N. basic $285 with yearly increments according to RNABC personnel policies. Enquiries: Director of Nursing, Campbell River & District General Hospital, Campbell River, British Columbia.

Graduate Nurse for 31-bed hospital, salary $275 per mo., **B.C. Registered Nurses** $285, with 4 annual increments of $14, 40-hr. wk., 4-wk. vacation, 1½-days sick leave per mo., Lodging $11 per mo. Fare from Vancouver refunded after 6-mo. For personnel policies & information apply to: Administrator, General Hospital, Ocean Falls, British Columbia.

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Matron for new 16-bed hospital. Starting salary $350 per mo., with increases to $390 over 4-years. Room at $20 per mo., Meals 35¢ each. Generous personnel policies. Full time Secretary. Apply to: J. G. Donald,, Secretary-Treasurer, Reston Unit Hospital, Reston, Manitoba.

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General Duty Nurses for Obstetrical Service. Apply: Director of Nurses, Jeffery Hale's Hospital, Quebec City.

Registered Nurses for Swan River Valley Hospital. Salary $280 with 4 semi-annual increments to $300, 40-hr. wk., 3, 8-hr. rotating shifts, 3-wk. vacation after 1-yr. continuous employment, 4-wk. thereafter. Recreational facilities include golfing, fishing, swimming, curling, etc. Apply to: Swan River Valley Hospital, Swan River, Manitoba.

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Registered Nurses for Floor Duty (Immediately) 40-hr. wk. Nova Scotia R.N.A. salary scale. Apply to: Superintendent of Nursing, Western Kings Memorial Hospital, Berwick, Nova Scotia.

General Duty Nurses for modern 35-bed hospital situated on beautiful South Shore. Good personnel policies. Excellent living quarters. Apply Superintendent, Fishermen's Memorial Hospital, Lunenburg, Nova Scotia.

ONTARIO

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Supervisors (Afternoon & Night), **Registered Nurses** (Extension Units), **General Duty Nurses** (Medical, Surgical & Obstetrical Units) for new hospital in centre of Seaway valley. For applications & enquires apply: Director of Nursing, Winchester & District Memorial Hospital, Winchester, Ontario.

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Registered Nurses & Certified Nursing Assistants for 160-bed hospital. Starting salary $265 & $185 respectively with regular annual increments for both. Excellent personnel policies including 5-day wk. & residence accommodation available. Assistance with transportation can be arranged. Apply: Superintendent, Kirkland & District Hospital, Kirkland Lake, Ontario.

Registered Nurses & Certified Nursing Assistants for 26-bed hospital. R.N. salary $290-$335. 28-day vacation after 1-yr. C.N.A. salary $210-$240, 2-wk. vacation after 1-yr., 3-wk. after 2-yr. Credit for past experience, $5.00 increment every 6-mo., 40-hr. wk., 8 statutory holidays. Room & board residence $28.50 per mo., 1-day sick leave per mo. Apply to: Mrs. G. Gordon, Superintendent, District Memorial Hospital, Box 37, Nipigon, Ontario.

Registered Nurses ($255 - $285) & **Certified Nursing Assistants** ($185 - $215) for modern 90-bed General Hospital in attractive town near Toronto & resort areas. Annual increments, accumulative sick leave, pension plan, shift differential, 40-hr. wk. Apply to: Director of Nursing, Dufferin Area Hospital, Orangeville, Ontario.

Registered Nurses & Certified Nursing Assistants needed to open new 165-bed wing in a 365-bed General Hospital located in suburban Toronto. Good salary, personnel policies include 5-day work wk., 8 statutory holidays. R.N. vacation after 1-yr. - 3-wks. Cert. N.A. - 2-wks. Living-in accommodation. Apply to: Director of Nursing, General Hospital, Scarborough, Ontario.

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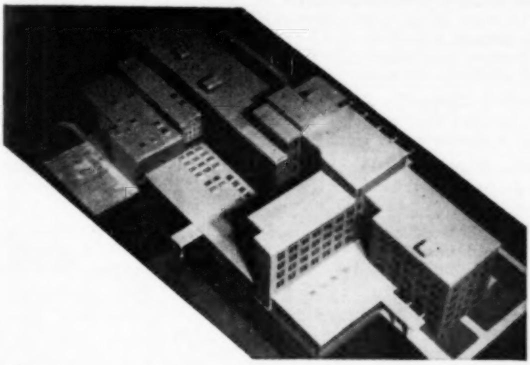

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Registered General Duty Nurses (Immediately) for 29-bed hospital. Salary: $265 per mo. with increments up to $295. 4-wk. vacation with pay after 1-yr. service. 8 statutory holidays. Nicely furnished nurses' residence. Apply: Superintendent, Bingham Memorial Hospital, Matheson, Ontario.

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General Duty Nurses for new 35-bed active hospital. Salary $250 for Registered. 40-hr. wk., 8 statutory holidays. Full particulars, apply: Superintendent, Uxbridge Hospital, Uxbridge, Ontario.

McKellar General Hospital, Fort William, Ontario has openings in all departments for **General Staff Nurses.** Basic salary $270 per mo., 40-hr. wk. Good personnel policies for other benefits. Residence accommodation available. Apply to: The Director of Nursing.

General Duty Nurses Male & Female & Certified Nursing Assistants (Immediately) for 86-bed hospital, 40-hr. wk., 8 statutory holidays & other employee benefits. Collingwood is situated on Georgian Bay & is noted as a vacationland with 7-mi. sand beach along with great skiing on the Blue Mountains in winter. For further information apply: Director of Nursing Services, General & Marine Hospital, Collingwood, Ontario.

Graduate Nurses, Certified Nursing Assistants for General Duty for new 58-bed hospital. For information please write to: Superintendent, Prince Edward County Memorial Hospital, Picton, Ontario.

Public Health Nurses qualified for a generalized program in the City of Oshawa. Salary range $3,500-$4,370; annual increment $175; starting salary based on experience. 5-day wk., 4-wk. vacation, pension plan, group insurance, hospitalization & P.S.I. employer shared. Transportation provided. Apply: Dr. C. C. Stewart, Medical Officer of Health, 50 Centre Street, City Hall, City of Oshawa, Oshawa, Ontario.

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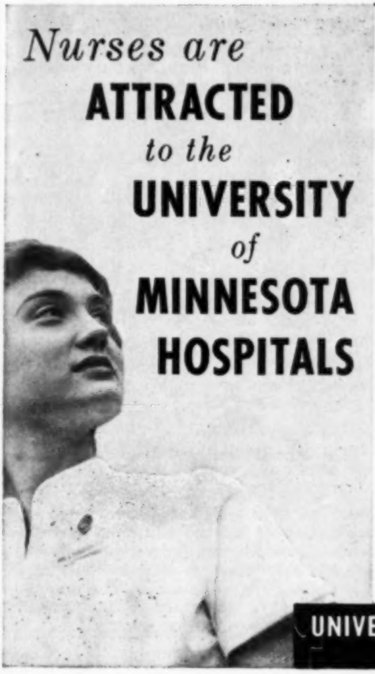

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Assistant Head Nurses; excellent personnel policies. Apply Director, Shriners' Hospital for Crippled Children, 1529 Cedar Avenue, Montreal, Quebec.

Registered General Duty Nurses for 28-bed General Hospital, 45-mi. from centre of Montreal with excellent bus service. Gross salary $250 with full maintenance in nurses' home at $35; 3 increases at 6-mo. intervals to $265; 44-hr. wk., 8-hr. rotating shifts; 1-mo. annual vacation; 7 statutory holidays: 2-wk. sick leave, Blue Cross paid. Apply: Mrs. D. Hawley, R.N., County Hospital, Huntingdon, Quebec.

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Registered General Duty Nurses (2) for modern 7-bed company hospital. Salary $315 per mo., $10 accredited postgraduate courses, overtime paid, $25 increment after 1 year. Full maintenance, transportation paid from point of hire in exchange for 1 year service. Group insurance & attractive vacation benefits. Excellent recreational facilities, boating, fishing, swimming, bowling, etc. Apply: Miss N. Prefontaine, R.N., Matron, Gunnar Mines Hospital, Uranium City, Saskatchewan.

General Duty Nurses for 14-bed Elrose Union Hospital. Salary $280 with yearly increments full maintenance in residence for $34.50, 40-hr. work wk. Apply: J. V. Nouch, Elrose, Saskatchewan.

U.S.A.

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Registered Nurses for modern 374-bed JCAH fully accredited General Hospital. Located on beautiful San Francisco Peninsula, 20-min. drive from the heart of the city. Openings in all services. Excellent personnel policies. Many extra benefits & opportunities for advancement. Top salaries. Apply: Personnel Director, Peninsula Hospital, 1783 El Camino Real, Burlingame, California.

Registered Nurses, (eligible for California registration) for new 254-bed JCAH approved district hospital, San Francisco Bay area. Positions available in surgery, Gyn. O.B., pediatrics & medicine. **Staff Nurses** entrance salary $345 with range to $385 per mo. Supervisory positions at increased rate. Special area & evening differential paid. Free Blue Cross hospitalization & surgical coverage with liberal personnel policies & fringe benefits. Uniforms laundered free. Excellent modern housing, schools & colleges. Apply: Director of Nursing, Eden Hospital, 20103 Lake Chabot Road, Castro Valley, California.

Registered Nurses: Why not come to California this winter? At the Los Angeles County General Hospital salaries start at $375 per mo., & openings are now available on the Obstetrical, Medical & Surgical Services. If you are eligible for California registration & can speak & write English, write for full details to: Evelyn Nina Spees, R.N., County General Hospital, 1200 North State Street, Los Angeles 33, California.

Registered Nurses for General Duty in modern, accredited 76-bed hospital — South Central California near Sequoia National Park. Good salary & benefits. Excellent working conditions. Ideal community. Winter & Summer recreation Transportation to hospital paid on suitable confirmation of employment. Must qualify for registration in California. For details write: Administrator, Memorial Hospital at Exeter, 215 Crespi Avenue, Exeter, California.

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For expanding 374 bed General Hospital located on Long Island Sound just 45 minutes from New York City.

- Starting salary $355, annual increases for four years.
- $15 bonus paid for each night on call.
- Paid vacation according to tenure up to 28 days, 8 paid holidays, paid sick time, Social Security.
- Scholarship aid available for continued collegiate study.

Apply: Operating Room Supervisor

NEW ROCHELLE HOSPITAL, NEW ROCHELLE, NEW YORK

U.S.A.

Staff Nurses — San Joaquin General Hospital, a teaching hospital with internes, residents, & school of professional nursing. Positions available on most services on all shifts. Starting salary $376 per mo., differential for evening & nights. Laundry uniforms $5.00 per mo., liberal personnel policies, living facilities for single persons on hospital grounds. Contact: Personnel Director, 732 East Main Street, Stockton, California.

Registered Nurses for General Duty, obstetrics, operating room & emergency. Beginning salary: $330 per mo. $10 differential paid for afternoon & night shifts, also for obstetrics, nursery & operating room. 40-hr. wk. Liberal vacation policy, sick leave, holidays. Paid health & life insurance. Please write: Mrs. Doretha Stuart, Personnel Director, Community Hospital, Fresno 15, California.

Registered Nurses General Duty for 230-bed approved teaching hospital, resort city. Salary $330 plus $22.50 shift differential, provision for housing allowance. Apply: Director of Nursing, Cottage Hospital, Santa Barbara, California.

Staff Nurses for new modern 800-bed General & Tuberculosis Institution in beautiful San Joaquin Valley city — no smog — no snow — 235,000 in metro. area, midway between Los Angeles & San Francisco, close to 3 National Parks, 2 colleges & other cultural advantages. Full maintenance available. Immediate appointment. $341 - $426 mo. Apply immediately to: Director of Personnel, Fresno County Civil Service, Room 101, Hall of Records Building, Fresno 21, California.

Staff Nurses for 300-bed General Hospital. Attractive personnel policies plus differential for specialties, afternoon & night duty. Opportunities for advanced education. Apply to: Director of Nursing Service, Kaiser Foundation Hospital, Oakland 11, California.

Registered General Duty Nurses for 154-bed General Hospital with expansion program under way. Along the shores of Lake Michigan, 25 mi. from Chicago. Salary: $365 for days, $395 for evenings, $385 for nights, 5 day wk. Good personnel policies. Apply Personnel Director, Highland Park Hospital Foundation, 718 Glenview Ave., Highland Park, Ill.

Operating Room Nurses (Days & P.M.) 154-bed General Hospital located in beautiful residential suburb along the north shore of Lake Michigan just north of Chicago. Modern ranch style nurses' homes with attractively furnished private bedrooms. 40-hr. wk. Salary: $390 days, $420 evenings, other employee benefits. Contact: Personnel Director, Highland Park Hospital Foundation, Highland Park, Illinois.

Nurses in obstetrics, pediatrics, medicine & surgical nursing. We invite inquiries from all Canadian Nurses considering employment in the United States. For full particulars, write: Director of Nursing Service, Indiana University Medical Center, 1100 West Michigan Street, Indianapolis 7, Indiana.

Director of School of Nursing for 200-bed J.C.A.H. accredited General Hospital. State approved diploma school seeking N.L.N. accreditation. Average enrollment, 65 students. Master's degree in nursing education & experience as educational director preferred. Salary commensurate with background. Liberal personnel policies. Apply: Rev. Carl H. Grathwohl, Administrator, Evangelical Deaconess Hospital, 3245 East Jefferson Avenue, Detroit 7, Michigan.

Registered Nurses — Salary open, commensurate with experience, differential for evenings & night service. Openings in Obstetrical & Medical-Surgical areas. Must be eligible for registration in the State of Michigan. Apply to: Personnel Department, Woman's Hospital, 432 E. Hancock Avenue, Detroit 1, Michigan.

Graduate Nurses for General Hospital & Infirmary, 17 mi. west of downtown Detroit, Michigan (Choice of General or Psychiatric Duty). Salary: $410-$450 per mo. 40-hr. wk. Up to 15 days vacation after first year, plus 11 holidays. Liberal sick leave, retirement & social security. Must be graduate of accredited Canadian nursing school. Write: Director of Nursing (either General, Infirmary or Psychiatric), Wayne County General Hospital, Eloise, Michigan.

Registered Nurses: Transportation Paid via 1st class air to Albuquerque & return in exchange for 1-yr. employment contract. Come to New Mexico, "Land of Enchantment", largest private hospital in state - General Hospital, sanatorium & geriatric units, building program, in-service education. Vacancies for staff duty, salary $300/mo. to start, $15 differential for evenings & nights. Write or call: Mrs. Emily J. Tuttle, Director of Nursing, Presbyterian Hospital Center, 1012 Gold Avenue, S.E., Albuquerque, New Mexico. Phone Chapel 3-5611.

Graduate Nurses for 450-bed non-sectarian acute General Hospital with NLN fully accredited school of nursing. Liberal personnel policies include tuition aid for study at Western Reserve University. Opening of new main building has created attractive positions for Staff Nurses in medical, surgical, obstetric & pediatric divisions. Apartments available in immediate neighborhood. Apply: Miss Louise Harrison, Director of Nursing Service, Mount Sinai Hospital, 1800 East 105th. Street, Cleveland 6, Ohio.

Registered Nurses (Come to sunny California) **Staff & Supervisory permanent positions,** various departments, days, eves, nights. Excellent starting salary, increments, benefits & working conditions in one of the largest & finest general hospitals in the West. For details write: Personnel Department, Queen of Angels Hospital, 2301 Bellevue Avenue, Los Angeles 26, California.

JUVENILE AND FAMILY COURT OF MUNICIPALITY OF METROPOLITAN TORONTO

311 Jarvis Street, Toronto, Ontario.

Require REGISTERED NURSE

DUTIES:

CLINICAL OBSERVATION OF CHILDREN (AGES 8-16)

QUALIFICATIONS:

AT LEAST ONE YEAR'S EXPERIENCE IN PSYCHIATRY

SALARY:

$3,500 - $4,300

(Starting salary according to experience)

Apply to:

DR. J. VERHULST
DIRECTOR OF CLINICAL SERVICES

HAMILTON GENERAL HOSPITALS

Opportunities for Professional Nurses

Positions available in all Clinical Areas

(1) Obstetrical Unit —
Apply to:
Superintendent of Nursing, Mount Hamilton Hospital, Hamilton, Ontario.

(2) Medical Unit —
Apply to:
Superintendent of Nursing, Nora-Frances Henderson Hospital, Hamilton, Ontario.

(3) Medical — Surgical — Pediatric Unit & Operating Room —
Apply to:
Director of Nursing, Hamilton General Hospital, Barton Street East, Hamilton, Ontario.

PERSONNEL POLICIES SENT ON REQUEST

REGISTERED NURSES

required for the

GENERAL STAFF

of the

OPERATING ROOM

Salary range $270 - $305

commensurate with experience and qualifications.

Apply

DIRECTOR OF NURSING
McKELLAR GENERAL HOSPITAL
FORT WILLIAM, ONTARIO

ALBERTA

Registered Nurses (Immediately) for newly opened 25-bed hospital in busy pulp mill town of 3,500 people, near Jasper National Park, just west of Edmonton on main highway & C.N.R. line. New nurses' residence. Salary $275 with $35 deductible for maintenance. Increments every 6-mo., M.S.I. & Blue Cross Groups in operation. Apply to: Mrs. Grace Allen, R.N., Matron, Municipal Hospital, Hinton, Alberta.

QUEBEC

Operating Room Nurses for modern well-equipped department in 140-bed General Hospital, no rotation, but required to take night calls. Good personnel policies & salary in accordance with ANPQ recommendations. Apply: Director of Nursing, Reddy Memorial Hospital, 4039 Tupper Street, Montreal, Quebec.

BRITISH COLUMBIA

Director of Nursing for 109-bed B.C. Hospital. Salary open & dependent upon qualifications & experience. For full particulars, apply stating qualifications, to: Administrator, General Hospital, Prince Rupert, British Columbia.

Operating Room Nurse for 109-bed hospital in northern B.C. Salary $285-$342 plus on call pay, 1961 salary $312-$374, P.G. $10 extra. Room & board $50 per mo., travel allowance, welfare plan. Apply stating qualifications & experience to: Director of Nursing, General Hospital, Prince Rupert, British Columbia.

Registered Nurse for new 26-bed hospital in the Fraser Canyon 100-mi. east of Vancouver, B.C. Basic salary $285 — shift differential, 40-hr. wk., 28-calendar days' annual vacation. Accommodation available in a new nurses' residence. Positions available December 1st. Apply: Director of Nurses, Fraser Canyon Hospital **Hope,** British Columbia.

Registered Nurses for new 50-bed hospital with new nurses' residence. Salary $285 per mo. with annual increments if B.C. registered; $270 per mo. for non B.C. registered. 1-mo. annual vacation, sick leave benefits. Board & room $50 per mo. **Laboratory Technician** also required. Please address all replies to: Director of Nursing, Terrace & District Hospital, P.O. Box 1297, Terrace, British Columbia.

MANITOBA

Registered & Licensed Practical Nurses. Salary rating for Registered Nurses, min. $281 - max. $319 per mo. with $10 additional for evening duty; for Licensed Practical Nurses min. $218 - max. $242 per mo. 8-hr. duty (day, evening or night), 40-hr. wk. Must be registered or licensed in Manitoba. Apply in writing to: The Director of Nursing, Municipal Hospitals, Winnipeg 13, Manitoba.

ONTARIO

Director of Nursing for new 150-bed General Hospital just completing new addition. Certified Nursing Assistants' training school planned. Hospital located in large resort area. Apply giving full particulars & salary expected, to: Administrator, Ross Memorial Hospital, Lindsay, Ontario.

Registered Nurses & Certified Nursing Assistants for immediate & future vacancies in modern 42-bed hospital. Starting salary $265 & $180 respectively, plus shift allowances. Deduction for room & board $30. Excellent personnel policies. Apply: Superintendent of Nurses, New Liskeard & District Hospital, New Liskeard, Ontario.

U.S.A.

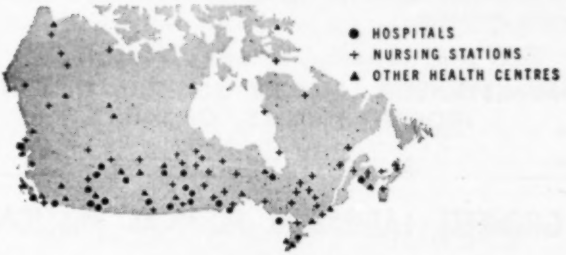
Registered Nurses excellent opportunities. Progressive 440-bed General Hospital, expanding to 525-beds in early 1961. Expansion is creating openings in all areas. Salary range $370 - $400 per mo., $25 P.M. & night differential. $25 additional for surgery. Liberal vacation plan, 7 paid holidays, 40-hr. wk. health insurance & retirement plan. Close to all summer & winter, mountain & ocean activities. Write: Personnel Office, Sutter Community Hospitals, 2820-L Street, Sacramento, California.

Registered Nurses for private 258-bed hospital for men, women & children. Staff Nurse salaries from $335 - $395, differentials for evenings, nights, communicable disease, operating room & delivery. Opportunities in all clinical areas. Holidays, vacations, sick leave & health insurance. California registration required. Applications & details furnished on request. Contact: Personnel Director, Children's Hospital, 3700 California Street, San Francisco 18, California.

General Duty Nurses for 197-bed hospital expanding to 325-beds located in Elizabeth, New Jersey. This will lead to many opportunities for advancement. Located 20-mi. from New York City, Elizabeth is serviced by the Pennsylvania (23 minutes from Penn Station, N.Y.) & Jersey Central Railroads & is adjacent to the New Jersey Turnpike & Garden State Parkway . . . affording excellent commutation conditions. For further details, please write: Leon S. Lewandoski, Personnel Director, St. Elizabeth Hospital, 204 South Broad Street, Elizabeth 2, New Jersey.

Attention! General Duty Nurses 400-bed fully accredited County Hospital located 2 hr. drive from San Francisco, ocean beaches & mountain resorts in modern & progressive city of 35,000. 40-hr. 5-day wk., 3-wk. pd. vacation, paid holidays, pd. sick leave, retirement plan, social security, & insurance plan. Accommodations in nurses' home, meals at reasonable rates, uniforms laundered without charge. Starting salary $341 per mo. plus shift & service differentials. Increase in 6-mo. Must be eligible for California Registration. Write Director of Nursing, Stanislaus County Hospital, 830 Scenic Drive, Modesto, California.

NURSING WITH INDIAN AND NORTHERN HEALTH SERVICES



OPPORTUNITIES

REGISTERED HOSPITAL NURSES, PUBLIC HEALTH NURSES, AND CERTIFIED AUXILIARY NURSES

for positions in Hospitals, Outpost Nursing Stations and Health Centres in the Provinces, Eastern Arctic, Northwest and Yukon Territories.

SALARIES

(1) Public Health Nursing Supervisor II	**—$5,100 to $5,460 per annum**
(2) Public Health Nursing Supervisor I	**—$4,620 to $5,160 per annum**
(3) Directors and Assistant Directors of Hospital Nursing Services:	
a) Classification III	**—$4,860 to $5,400 per annum**
b) Classification II	**—$4,350 to $4,860 per annum**
(c) Classification I	**—$3,900 to $4,560 per annum**
(4) Public Health Staff Nurses	**—$3,600 to $4,050 per annum**
(5) Hospital Staff Nurses	**—$3,300 to $3,750 per annum**

(6) Certified Nursing Assistants, Licensed Practical Nurses and Nurses' Aides: up to $2,400 per annum depending upon qualifications and location of positions.

- **Room, board and laundry in residence at reasonable rates. Statutory holidays. Three weeks annual leave with pay. Generous sick leave credits. Hospital-Medical and superannuation plans available.**
- **Special pay and leave allowances for those posted to isolated areas.**

For interesting, challenging, satisfying work apply to — Indian and Northern Health Services at one of the following addresses:

(1) Regional Superintendent, 4824 Fraser Street, Vancouver, B.C.
(2) Regional Superintendent, 11412-128th Street, Edmonton, Alberta.
(3) Regional Superintendent, 735 Motherwell Building, Regina, Saskatchewan.
(4) Regional Superintendent, 705 Commercial Building, 169 Pioneer Avenue, Winnipeg 1, Manitoba.
(5) Regional Superintendent, 4th Floor, Booth Building, 165 Sparks Street, Ottawa, Ontario.
(6) Zone Supervisor of Nursing, Box 493, North Bay, Ontario.
(7) Zone Superintendent, P.O. Box 430, Upper Town, 3 Buade Street, Quebec 4, P.Q.
(or) Chief, Personnel Division,

Department of National Health and Welfare, Ottawa, Ontario.

DIRECTOR OF NURSING

Modern hospital 42-adult beds, 11-bassinets, located in a company operated town & serves a population of approximately 6,000. Salary range from $387 - $507 per mo., commensurate with experience & qualifications. Community organized recreation, residence accommodation & all conventional benefits available.

Apply giving full particulars of training & experience to:

ADMINISTRATOR, ANSON GENERAL HOSPITAL,
IROQUOIS FALLS, ONTARIO.

GRENFELL LABRADOR MEDICAL MISSION

REQUIRES

NURSES FOR HOSPITALS IN LABRADOR
AND NORTHERN NEWFOUNDLAND

For full information please write:

MISS DOROTHY A. PLANT, SECRETARY
48 SPARKS STREET, OTTAWA 4, ONTARIO.

ALBERTA

General Duty Nurses (2) Salary $270 - $300 per mo. plus other benefits, 40-hr. wk., train fare from any point in Canada will be refunded if employed for 1-year. For full particulars apply to: Municipal Hospital, Two Hills, Alberta. Phone 335.

BRITISH COLUMBIA

Director of Nurses for 111-bed acute hospital with Medical Staff of 17. Training & experience in supervision & administration required. Interest in education & in-service training programs essential. Position open November 15, 1960. Apply, with copies of references, to: Administrator, West Coast General Hospital, Port Alberni, British Columbia.

ONTARIO

Registered Nurses Applications & enquiries are invited for General Duty positions on the staff of modern, well-equipped 33-bed hospital in new mining town, about 250-mi. East of Port Arthur & North-West of White River, Ontario. Excellent salary & fringe benefits, liberal policies regarding accommodation & vacation. Population 2,500. Nurses' residence comprises individual self-contained apartments. Apply, stating qualifications, experience, age, marital status, phone No. etc., to: The Administrator, General Hospital, Manitouwadge, Ontario. Phone TAylor 6-3251.

SASKATCHEWAN

Registered Nurses for the member hospitals of the Quill Plains Regional Hospital Council. Hospitals vary in size from 75 to 11 beds. Salaries $275 - $345. 40-hr. wk. Travel advance available. Information & application forms available from Quill Plains Regional Hospital Council, Box 389, Humboldt, Saskatchewan.

Registered Nurses for General Duty in Medical & Surgical Wards. Salary $270-$345, good personnel policies & liberal holiday allowance. Apply: Director of Nursing, Providence Hospital, Moose Jaw, Saskatchewan.

General Duty Nurses for 72-bed hospital located in college town in mountainous portion of Colorado. Salary $330 per mo. with periodic increases, fringe benefits — including meals, sick leave, vacation, etc. Contact: Superintendent, Community Hospital, Alamosa, Colorado.

FOR SALE

16-room house in quiet country town, 60% of population on pension, ideal for rest or nursing home. Full supply of beds & bedding, new flatwear & dishes, living room furniture. Been operated as a boarding home for elderly folks two years successfully, but with Reg.N. in charge the potiential is unlimited. Full price $25,000 with $9,500 cash. Contact: Robt. S. McKirgan, c/o Rogers Realty Ltd., 79 King Street East, Stoney Creek, Ontario.

MRS. COWARD'S TRAINED NURSES INSTITUTE

62, St. George's Square, London, S.W.1, England
Founded 1904

VACANCIES ARE AVAILABLE FOR SELECTED STATE REGISTERED NURSES WHO DESIRE TO UNDERTAKE PRIVATE NURSING.

The Institute, established for over 50 years as a non-profit making venture, offers nurses the advantage and comfort of facilities at its premises; also board and residential accommodation at moderate prices.

Full particulars as to remuneration, etc. may be obtained on application to the Sister-in-Charge at the above address.

Before leaving Canada nurses should apply for English registration to the General Nursing Council for England and Wales (23 Portland Place, London W.1.)

GENERAL DUTY NURSES

$335 per month, annual increment $10 monthly. 40-hour week, paid vacation according to tenure up to 28 days, 8 paid holidays, paid sick time, Social Security.

Scholarship aid available for continued collegiate study.

Apply: Superintendent
ALEX. E. NORTON
NEW ROCHELLE HOSPITAL, NEW ROCHELLE, NEW YORK

DAY - SUPERVISOR

With opportunity for advancement to Superintendent of Nurses
for Clearwater Lake Hospital, The Pas, Manitoba

Well equipped 160-bed hospital with general and tuberculosis patients. Attractive salary, commensurate with experience and qualifications. Good residence accommodation and excellent personnel policies. For information and application apply:

Director of Nursing Services
SANATORIUM BOARD OF MANITOBA,
1654 PORTAGE AVENUE, WINNIPEG 12, MANITOBA

CLINICAL INSTRUCTOR

FOR OPERATING ROOM

NEW ROCHELLE HOSPITAL
NEW ROCHELLE, NEW YORK

•

B.S. DEGREE REQUIRED

•

Salary depending on experience

APPLY TO: OPERATING ROOM SUPERVISOR

THE MONTREAL GENERAL HOSPITAL

invites applications from Registered Nurses for positions in the

OPERATING ROOM

and on a variety of

NURSING UNITS

Please apply to:

THE DIRECTOR OF NURSING
THE MONTREAL GENERAL HOSPITAL
1650 CEDAR AVENUE
MONTREAL, QUEBEC

SPEECH THERAPIST TRAINEES

Bursaries are available for individuals wishing to enrol in a Diploma Course in Speech Pathology and Audiology and upon graduation to be employed by the Nova Scotia Society for the care of Crippled Children.

Applicants should be graduates of an Approved School of Nursing or should hold a Bachelor's degree, preferably in Education, from a recognized University.

For further information, apply to:

THE EXECUTIVE DIRECTOR
THE NOVA SCOTIA SOCIETY
FOR THE CARE
OF CRIPPLED CHILDREN
P.O. BOX 331, HALIFAX
NOVA SCOTIA

KINGSTON GENERAL HOSPITAL

requires

GENERAL DUTY NURSES

for:

O.R., Medical, Surgical Floors and Intensive Care Unit (male or female Registered Nurses considered for all above positions)

Certified Nursing Assistants

Trained psychiatric attendants (F)

For full details relating to hours, vacations and benefits, apply to:

DIRECTOR OF NURSING,
KINGSTON GENERAL HOSPITAL,
KINGSTON, ONTARIO

SUPERVISOR

For 120-bed General Hospital situated 12 miles west of Toronto

Qualifications — Registered Nurse, preferably with postgraduate training in Nursing Education or Nursing Service.

Duties — To supervise two nursing units consisting of 33 patients each, with two Head Nurses, graduate nursing staff and nursing assistants.

(No training school). Good personnel policies.

Apply:

DIRECTOR OF NURSING
SOUTH PEEL HOSPITAL
COOKSVILLE, ONTARIO

VICTORIA HOSPITAL
LONDON, ONTARIO

Modern 900-bed hospital

requires

Registered Nurses for all services

and

Certified Nursing Assistants

40 hour week - pension plan - good salaries and personnel policies.

Apply:

DIRECTOR OF NURSING
VICTORIA HOSPITAL
LONDON, ONTARIO.

GENERAL DUTY NURSES

required by

The Dauphin General Hospital Ultra-modern 100 bed hospital in process of construction located in the beautiful Riding Mountain Resort area of Manitoba. 40 hour week, excellent personnel policies. Residence facilities, minimum starting salary $280 per month, assistance with transportation given if necessary.

Apply to: Superintendent of Nurses

DAUPHIN GENERAL HOSPITAL
DAUPHIN, MANITOBA

OPERATING ROOM TECHNICIANS

THE MONTREAL GENERAL HOSPITAL

would welcome applications for operating room technicians

Please apply to:

THE DIRECTOR OF NURSING,
THE MONTREAL GENERAL HOSPITAL,
1650 CEDAR AVE.,
MONTREAL, QUEBEC.

REGISTERED NURSES
AND
CERTIFIED NURSING ASSISTANTS

SUNNYBROOK HOSPITAL, TORONTO
DEER LODGE HOSPITAL, WINNIPEG
QUEEN MARY VETERANS HOSPITAL, MONTREAL
WESTMINSTER HOSPITAL, LONDON
LANCASTER HOSPITAL, SAINT JOHN, N.B.
STE. ANNE DE BELLEVUE VETERANS HOSPITAL, P.Q.
SHAUGHNESSY HOSPITAL, VANCOUVER, B.C.

Pension plan; three weeks' paid vacation; three weeks' cumulative sick leave; 5 day week; low cost living in staff residence — for Nurses. Application forms are available at Civil Service Commission Offices, National Employment Offices and main Post Offices.

For further particulars contact the Civil Service Commission Office in the province where the position in which you are interested exists —

ONTARIO — 25 St. Clair Ave. East, Toronto.
MANITOBA — 266 Graham Ave., Winnipeg
NEW BRUNSWICK — Post Office Bldg., Canterbury St., Saint John, N.B.
QUEBEC — 685 Cathcart St., Montreal
BRITISH COLUMBIA — 1110 Georgia St. West, Vancouver, B.C.

ASSISTANT DIRECTOR

Applications are invited for an Assistant Director of the Extension Course in Nursing Unit Administration. This course is jointly sponsored by the Canadian Nurses' Association and the Canadian Hospital Association.

Qualifications: University preparation in teaching and supervision is necessary with several years experience in a supervisory position. Fluency in the French Language is desirable but not necessary.

For further information write to:

Director, Extension Course in Nursing Unit Administration,
CANADIAN HOSPITAL ASSOCIATION
25 IMPERIAL STREET TORONTO 7, ONTARIO.

CALIFORNIA

REGISTERED NURSES

General Duty $4,440 up. Modern 130-bed General Hospital. In-service and paid hospitalization,—PLUS. Transportation reimbursed after 1 year.

Call or write:

DIRECTOR OF NURSING SERVICE,
GREATER BAKERSFIELD MEMORIAL HOSPITAL,
P.O. Box 26
BAKERSFIELD, CALIFORNIA.

JOSEPH BRANT MEMORIAL HOSPITAL

1240 NORTH SHORE BLVD.,
BURLINGTON, ONTARIO.

This modern General Hospital will be ready for occupancy in early 1961.

Applications are invited for Supervisory and Staff positions in nursing service.

Opportunities are available for Registered Nurses and Certified Nursing Assistants in pediatrics, obstetrics, medicine, surgery, operating Room, and central supply.

Apply to the

DIRECTOR OF NURSING

GENERAL DUTY NURSES

Registered Nurses urgently required for General Duty, all shifts, at the Ontario Hospital, Whitby, located 25 miles east of Toronto and 5 miles west of Oshawa, near Highways 401 and No. 2 on Lake Ontario. Hourly bus service from Whitby to Toronto.

This is an active treatment, psychiatric hospital with a School of Nursing, and affiliation undergraduate program. Inservice educational program will be starting this autumn. Starting salary $270 per month if registered in Ontario. $240 per month until registration is established. Annual increments until the maximum has been reached. Good personnel policies, including a 5-day, 40-hour week, cumulative sick time at the rate of one and a half days per month effective upon employment. Pension plan, health insurance and P.S.I. available upon request. Annual vacation and all statutory holidays in accordance with Civil Service regulations.

APPLY to:

THE DIRECTOR OF NURSING,
ONTARIO HOSPITAL, WHITBY, ONT.

UNIVERSITY HOSPITAL

SASKATOON, SASKATCHEWAN

Requires

General Staff Nurses for Medical, Surgical, Obstetrical and Pediatric Services. Forty hour week. Salary $270 to $310 gross per month. Differential for evening and night duty. Temporary residence accommodation if desired.

Apply to:

DIRECTOR OF NURSING, UNIVERSITY HOSPITAL,
SASKATOON, SASKATCHEWAN

EDUCATIONAL DIRECTOR

FOR NEW SCHOOL OF NURSING

New school building, new student residence. Hospital opened in 1956, all services; 250-beds.

Present plan to enrol first class of students for September 1961. Director required at once to facilitate planning an educational program and arranging for staff.

Opportunities for additional education at Laurentian University.

Salary according to qualifications and experience.

Apply:

DIRECTOR OF NURSING, SUDBURY MEMORIAL HOSPITAL,
REGENT STREET SOUTH, SUDBURY, ONTARIO.

THE SCHOOL OF NURSING, METROPOLITAN GENERAL HOSPITAL

REQUIRES

INSTRUCTOR IN PEDIATRIC NURSING

This is an opportunity to be a member of the faculty in a progressive school which emphasizes educational experiences for the student in a program pattern of two years of nursing education followed by one year internship. One class of 30 students is admitted yearly. Duties include clinical and classroom instruction.

Requirements: University preparation in Nursing Education

Salary differential for degree.

For further information apply to:

DIRECTOR, SCHOOL OF NURSING, 2240 KILDARE RD., WINDSOR, ONT.

DIRECTOR OF NURSING

Preference will be given to an applicant holding a degree in Nursing supported by practical experience in a General Hospital.

A campaign is now being conducted to raise funds to expand this hospital in a suburb of Montreal, Que., from the present 80 beds to 140.

This position offers an opportunity for the exercise of judgment and training in building the nursing service of a modern acute hospital.

Please write to Box No. M,

THE CANADIAN NURSE JOURNAL,
1522 SHERBROOKE STREET, WEST, MONTREAL 25, QUEBEC.

CLASSROOM & CLINICAL INSTRUCTORS
GENERAL STAFF NURSES

required

The General Hospital of Port Arthur

Salary schedule in conformity with R.N.A.O. recommendations.
Partial fare refund after 1 yr. in service.

WRITE:

DIRECTOR OF NURSING,
GENERAL HOSPITAL OF PORT ARTHUR, PORT ARTHUR, ONTARIO.

GRADUATE STAFF NURSES — YOU WILL LIKE IT HERE

Opportunities for men & women on the service of your choice. A 953-bed teaching hospital with a friendly atmosphere, well planned orientation program, active graduate nurse club, cultural advantages & excellent transportation facilities.

Starting salary: $325 per mo., 6 holidays, sick leave, 3 wk. vacation.

For further details write:

Director — Nursing Service, University Hospitals of Cleveland, Ohio.

JEWISH GENERAL HOSPITAL
MONTREAL, QUEBEC

Completion of expansion program makes available attractive positions for Registered Nurses for Administration and General Duty and also for Certified Nursing Assistants. Excellent personnel policies. Salary in accordance with The Association of Nurses of the Province of Quebec recommendations and commensurate with experience and education. Residence accommodation available.

For further information, please write:

DIRECTOR OF NURSING, JEWISH GENERAL HOSPITAL
3755 COTE ST. CATHERINE ROAD, MONTREAL, QUEBEC

DISTRICT OF KENORA HEALTH UNIT
KENORA, ONTARIO

Invites applications from qualified personnel for the following positions:-

2 Public Health Nurses

Salary: - Minimum — $3,500.00 Maximum — $4,375.00

Car provided, pension plan, attractive personnel policies. This progressive Health Unit is situated in the heart of the Lake of the Woods tourist area.

Apply to:

MR. D. T. McLEOD, SECRETARY-TREASURER, DISTRICT OF
KENORA HEALTH UNIT, BOX 174, KENORA, ONTARIO

SUBURBAN TORONTO

GRADUATE NURSES & CERTIFIED NURSING ASSISTANTS

Are invited to enquire re: employment opportunities in a well staffed new 125 bed hospital in suburban west Toronto. General duty salary range: $270-$320 per mo. Certified Nursing Assistants $200-$220 per mo. 5 day week. Residence accommodation optional. Personnel manual forwarded on request. Enquire to:

DIRECTOR OF NURSING, HUMBER MEMORIAL HOSPITAL, 200 CHURCH STREET, WESTON,
TORONTO 15, ONTARIO — CH 4-5551

REGISTERED NURSES

FOR THE OPERATING ROOM, OBSTETRICAL AND MEDICAL SURGICAL UNITS OF A 350-BED GENERAL HOSPITAL

Gross salary $270 - $310 per month if registered in Ontario.
Differential of $10 for evening and night duty.
40-hour week. Sick leave cumulative to 30 days.
3 weeks vacation and eight statutory holidays.

Apply:

DIRECTOR OF NURSING SERVICES,
METROPOLITAN GENERAL HOSPITAL, WINDSOR, ONTARIO

GENERAL DUTY NURSES

FOR ALL DEPARTMENTS

Gross salary $276 monthly ($127 bi-weekly) with annual increment $10 monthly ($4.60 bi-weekly) for three years, if registered in Ontario; $256 monthly ($117.80 bi-weekly) until registered. Rotating periods of duty, 40-hr. per wk., 8 statutory holidays. 14-days vacation & 12 working days leave for illness with pay after 1-yr. Pension plan available. Ontario Hospital Insurance with Blue Cross supplemental & Physicians' Services Incorporated, partial payment by hospital.

APPLY

DIRECTOR OF NURSING, GENERAL HOSPITAL, OSHAWA, ONTARIO.

THE PETERBOROUGH CIVIC HOSPITAL

REQUIRES

GENERAL DUTY STAFF

SUPERVISOR FOR NEW PSYCHIATRIC UNIT TO BE OPENED IN FROM FOUR TO SIX MONTHS.

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